

FEB 7 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3521
Do not use this space.

1. PLACE OF DEATH
 (a) County Chelms Registration District No. 678
 (b) Township St James Primary Registration District No. 5904 Registered No. _____
 (c) City _____ (d) Street No. St James Hospital _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Geo M Biles
 (a) Residence, No. St James mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bearl Biles
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-23-1897
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Dec. 1-1938 11. Total time (years) spent in this occupation 38.7
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chelms co mo
 FATHER 13. NAME J. O. Biles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries co mo
 MOTHER 15. MAIDEN NAME Mary D Beckham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries co mo
 17. INFORMANT Chas Biles
 (ADDRESS) St James mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic Cem DATE 12-14 1938
 19. FUNERAL DIRECTOR W. Beckham
 (ADDRESS) St James mo
 20. FILED 2-1- 19 37 Elsie B. Hoyt
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12 1938
 22. I HEREBY CERTIFY, That I attended deceased from 12-7- 1938, to 12-12- 1938
 I last saw him alive on 12-12- 1938 Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Uremic Convulsions
Acute Nephritis
 Date of onset _____
 Other contributory causes of importance:
Nephritis 1425
 Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____ 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury no
 Nature of injury no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) E. Scott _____ M. D.
 (Address) St James Hospital _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Orval E. Licklider, Licensed Embalmer No. 3546

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by , Registered Apprentice No.
working under my personal supervision.

Signed Orval E. Licklider

Licensed Embalmer No. 3546

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)