REC'D MAR 10 1939

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

7327
Do not use this space.

1. PLACE OF DEATH
(a) County NEWTON
(b) Township
(c) City NEOSHO
Registration District No. 609
Primary Registration District No. 4363
Registered No. 16
(d) Street No. SALE-BOWMAN 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 4/30 John GILES
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF ~~MARRIED, WIDOWED~~, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Olara Giles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apl 16, 1865
7. AGE YEARS 73 MONTHS 9 DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

FATHER
13. NAME No Record 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mrs D Mitchell Neosho Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Belfast Cem DATE 1/19 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) The Bigham Mortuary Neosho Mo
20. FILED 2-27 1939 Onal R Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1938 to Jan. 17, 1939
I last saw him alive on Jan. 17 1939 Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days

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Other contributory causes of importance:

Diabetes

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Onal R Sale, M. D.
(Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

J. A. Bingham ....., or by .....

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

Signed J. A. Bingham

Licensed Embalmer No. 26-89

P. O. Address .....

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

If this body is not embalmed, above space should be left blank.