

MAY 12 1930

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

14480  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Registration District No. 125  
 (b) Township Cape Primary Registration District No. 3009  
 (c) City Cape Girardeau Missouri (a) Street No. \_\_\_\_\_ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Gilberta Miles

(a) Residence, No. 10 N. Spanish St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 11, 1891</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>8</u>	<u>4</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housework</u>			
	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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) <u>Cape Girardeau</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>Fred P. Miles</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Perry County</u> (STATE OR COUNTRY) <u>Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Mary E. Miles</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Perry County</u> (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Mary E. Miles</u> (ADDRESS) <u>Cape Girardeau Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Lorimier Cem.</u> DATE <u>4-17-1930</u>				
19. FUNERAL DIRECTOR (NAME) <u>L. L. Haman</u> (ADDRESS) <u>Cape Girardeau Missouri</u>				
20. FILED <u>4-15-39</u> <u>J. M. Thompson</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 15<sup>th</sup>, 1939, to April 15<sup>th</sup>, 1939  
 I last saw her alive on April 15, 1939. Death is said to have occurred on the date stated above, at 11:20 A.M. m.  
 The principal cause of death and related causes of importance were as follows:  
Influenza  
Pneumonia  
 Date of onset 11/12

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) John St. Hovis, M. D.  
 (Address) 76 N. Spanish St  
Cape Girardeau

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. E.—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.

13  
1  
4

I X16605

*Dr. [unclear]*

---

---

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

Signed *L. L. Sawan*  
.....  
Licensed Embalmer No. *7863*  
.....  
P. O. Address *Cape Girardeau, Mo.*  
.....

**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.)**

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