

Musick
REC'D JUL 11 1939

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

22104
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. City 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 54 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank Henry Miles
 (a) Residence, No. 21137 Nettleton St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<input checked="" type="checkbox"/>	<u>82</u>	<u>1</u>	<u>4</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
 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) (STATE OR COUNTRY) Unknown Mo
Putnam Co.

FATHER
 13. NAME William A. Miles
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER
 15. MAIDEN NAME Malinda Snider
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Pa

17. INFORMANT (ADDRESS) Mrs Anna Smith
327 West Braver

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hazelwood DATE June 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred C. Thieme
1100 Boonville Ave

20. FILED 6-2 1939 Chas A George MD (Address) Springfield, Mo.
(Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1939

22. I HEREBY CERTIFY That I attended deceased from 5, 6, 39 to 6, 2, 39, 19
 I last saw him alive on 6, 1, 39, 19. Death is said to have occurred on the date stated above, at 3:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset May 6, 39

Other contributory causes of importance:
g2k

Name of operation Date of
 What test confirmed diagnosis? 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
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) J. D. Musick, M. D.
Springfield, Mo.

K. 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.

49
3
6

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.....

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

Signed *Ralph Thieme*.....

Licensed Embalmer No. *3681*.....

P. O. Address *Springfield, 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.