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

REC'D NOV 14 [illegible]

34935
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3910
(c) City Kansas City — (d) Street No. St. Marys 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. 3 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Marshall Giles
(a) Residence, No. 1123 Rowland Ave., St. Kansas City, Kansas
(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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Verna Giles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 10, 1900
7. AGE: YEARS 38 — MONTHS 9 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk K.C.
9. Industry or business in which work was done, as saw mill, bank, etc. Southern R.R.
10. Date deceased last worked at this occupation (month and year) July 3, 1939
11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Horece, Nebraska

FATHER
13. NAME: Geo. C. Giles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Herkimer Co. N.Y.

MOTHER
15. MAIDEN NAME: Philomine Jawaux
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Albert Myer, 2108 North 30 St., K.C.K.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope, K.C.K. DATE 10/10/39, 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): The Geo. H. Long Mortuary, 10 St. and Barnett Ave., K.C.K.
20. FILED 10/10, 1939 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Oct 8, 1939
I last saw him alive on 10-8-, 1939. Death is said to have occurred on the date stated above, at 4:50 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic ulcerative colitis — Date of onset
124
Other contributory causes of importance: Localized Peritonitis
Name of operation ✓ Date of ✓
What test confirmed diagnosis? autopsy Was there an autopsy? yes
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 ✓
Nature of injury ✓
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. P. Miller, M. D.
(Address) 800 Argyle

(Licensed Embalmer's Statement on Reverse Side)

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, Chas. H. Rider, or by ✓,

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

Signed Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address 938 Barnett KC. Ks.

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.