DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22187

FILED JUL 12 1940

Registration District No. 496 Primary Registration District No. 3025 Registrar's No. 57

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Brookfield Mo (If outside city or town limits, write "RURAL")

(d) Street No. 747 E. Boston (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Arthur Miles

3. (b) If veteran, name war World War

3. (c) Social Security No. 491-10-9876

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Mamie Miles

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 12 (Day) 1886 (Year)

8. AGE: Years 54 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Milan (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business 0

FATHER
12. Name James T Miles 0
13. Birthplace Bethany (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Rebecca Ford
15. Birthplace Milan (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Victor E. Miles

(b) Address Brookfield Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 24 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Mo

18. (a) Signature of funeral director Homer J. Bowden

(b) Address Brookfield Missouri

19. (a) 6/23-40 (Date received local registrar) (b) Jno H Lucas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour 7 minute P M.

21. I hereby certify that I attended the deceased from June 10, 1940, to June 21, 1940 that I last saw him alive on June 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to Injury of Chest	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 10, 1940

(c) Where did injury occur? Brookfield (City or town) Linn (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 445 on R.R. Crossing (Specify type of place)

While at work? no (e) Means of injury

23. Signature H. H. Potter (M. D. or other) D.O.

Address Brookfield Mo. Date signed 6-22-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I X19511

14418
99

RECEIVED
District Health Officer No. 11
District File Number 740-276
Date Filed JUL 2 1940

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 Homer L. Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.

. No. 2B
—2-21-40
I X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22187

Registration District No. 496 Primary Registration District No. 3025 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Arthur Mile

3. (b) If veteran name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Injury of Chest Ribs Fractured

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no.

Duration: 2 days

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence June 10 - 1940

(c) Where did injury occur? Brookfield (City or town) Linn (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on R.R. crossing (specify type of place)

While at work? no. (e) Means of injury Train Hit Automobile

23. Signature H. H. Patter (M. D. or other)

Address Brookfield Mo Date signed