FILED AUG 19 1940

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

Do not use this space.

25309

1. PLACE OF DEATH
County Holt — Registration District No. 369 — File No.
Township Union — Primary Registration District No. 5515 — Registered No. 7
City Near Craig (No. ..... St. ..... Ward)

2. FULL NAME 420 Ellen Jane Miles
(a) Residence, No. Craig Mo. Rural Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: William R. Miles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1857

7. AGE: YEARS 82 — MONTHS 7 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife and Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In Home
10. Date deceased last worked at this occupation (month and year): 7 wk. ago
11. Total time (years) spent in this occupation: 64

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 1

FATHER
13. NAME: George C. Creed
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

MOTHER
15. MAIDEN NAME: Carolyne Wictom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England 4

17. INFORMANT (ADDRESS): Mr. George Miles Craig Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Liberty DATE 7/11 1940

19. UNDERTAKER (ADDRESS): Schooler Bros Craig, Mo.

20. FILED July 10, 1940 Vinta Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/9, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1940, to July 9, 1940
I last saw her alive on July 8, 1940. Death is said to have occurred on the date stated above, at 10:45 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy and Dilatation	May 1940
Chronic Myocarditis	?
93 C	
Other contributory causes of importance:	
Arteriosclerosis	?

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) O. C. White Dr.
330 (Address) Craig, Mo.

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 import

50M-10-22-38 1 X9314

RECEIVED
District Health Officer No. 11,
District File Number 840-1057
Date Filed AUG 8 1940