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

Do not use this space.

24345

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 3132

City Kansas City (No. K.C. General Hospital St. Ward)

2. FULL NAME Harvey Miles

(a) Residence. No. 1302 Campbell St., 2 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-16-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	55	11	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

PARENTS

10. NAME OF FATHER J. M. Miles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Lydia Flint

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Hampshire

14. INFORMANT Record Clerk (Address) K.C. General Hosp.

15. FILED 8/11, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-3, 1927, to 8-9, 1927 that I last saw him alive on 8-9, 1927, and that death occurred, on the date stated above, at 12:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Failure

Aortic Regurgitation

31

9 yrs (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) George C. Lee, M.D.

8-10, 1927 (Address) Asst Supt K.C. Gen. Hosp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill — DATE OF BURIAL 8/11 1927

20. UNDERTAKER [illegible] — ADDRESS 1910 Est 15

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.

PERMANENT RECORD