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

Do not use this space.

1518

350

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. 3106 Michigan St. Ward)

2. FULL NAME Jessie G. Miles
(a) Residence. No. 3106 Michigan St., 13 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. H. Miles

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1-5-1884

7. AGE: Years 47 — Months 0 — Days 17 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Craig
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Wm. Atherton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Ruth Stokesberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

14. INFORMANT: Wm H Miles
(Address) 3106 Michigan

15. FILED 1-24, 1931 M M Crowe ant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-22-1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1930, to Jan 22, 1931, that I last saw h. ... alive on Jan 22, 1931, and that death occurred, on the date stated above, at 11:29 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Aortitis (Acutic)
4 Aneurism Aorta (Transverse arch) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Coronary Thrombosis 2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 15 min
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John H. Ogilvie, M.D.
1-24, 1931 (Address) 1002 Argyle

*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: Mt. Moriah — DATE OF BURIAL: 1-26, 1931

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.

WRITE PLAINLY, WITH UNFADING INK, THIS ... 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.

Dr. Ogilvie
Argyle - Vi-2444

1:30