

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

38856
 Do not use this space.

DEC 13 1939

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
 (b) Township Hall Run Primary Registration District No. 5001
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL-NAME

H. J. G. GEO. W. MILES
 (a) Residence, No. Brasher, Mo. P.F.D. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
94 8 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Evansville, Ind.

FATHER 13. NAME Reuben Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Hannah Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Paul Miles
Brasher, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison, Mo. DATE Nov. 17 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. P. Coakley
Brasher, Mo.

20. FILED Nov. 11 1939 Spencer L. Freeman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1939

22. I HEREBY CERTIFY, That I attended deceased from

Nov 10 1939, to Nov 10 1939

I last saw him alive on Nov 1 1939. Death is said

to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Astero-sclerosis
Extreme Age

Date of onset

Other contributory causes of importance: AM

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?

If so, specify

(Signed) N. M. Huggins, M. D.

(Address) Brasher, Mo.

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. WRITE PLAINLY, WITH OVERTAKING INITIALS TO A PERMANENT RECORD.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2197

Date Filed DEC 11 1939

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 F. P. Emley.

Licensed Embalmer No. 1146

P. O. Address Brusher, 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.