

FILED DEC 11 1942

Registration District No. 137

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3023

37178

State File No. _____

Registrar's No. 205

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(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 _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas Newton Giles
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife Sina June 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 12 1952
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER { 12. Name Don't know
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Giles

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 11-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ladue Mo

18. (a) Signature of funeral director Consolidated
(b) Address Clinton Mo

19. (a) Nov. 5, 1942 (b) Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 2
(If outside city or town limits, write "RURAL")
(d) Street No. 110 West Allen
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION No 3rd
20. DATE OF DEATH: Month Aug day 30
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from August 20 1942 Nov 30 1942
that I last saw him alive on 11-3- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uræmia ✓

Due to Mitral disease

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations _____
Of autopsy None
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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature E. C. Peeler (M.D.)
Address Clinton Mo Date signed 11/7/42

RECEIVED

District Health Officer No. 7, *out of office*

District File Number *12-42-1355*

Date Filed *12-10-42*

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.....

J. E. Consalvo

Licensed Embalmer No. *1891*

P. O. Address.....

Clinton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

B
41
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37178

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 2057

1. PLACE OF DEATH:

(a) County Henry Clinton
(b) City or town
(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
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Thomas N. Giles
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 w
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 12 1942
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace: _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

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

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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV Day _____ Year 1942 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: uraemia
interstitial nephritis
chronic
Due to: mitral disease

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: _____ (e.g. 131a)
Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. C. Peeler (M.D. or other) _____

Address Clinton, Mo. Date signed _____

SUPPLEMENTARY

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

MOTHER FATHER

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

S-37178