

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

Do not use this space.

B. 72.  
8237

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Plain Primary Registration District No. 1002  
 City J.C. Mo (No. State House)

File No. \_\_\_\_\_  
 Registered No. 1091  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Anna Miller  
 (a) Residence. No. State House St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James P. Miller  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3 - 1870  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
48 | 6 | 10 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer) Lumber Inspection  
 (c) Name of employer P. Co.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER Mark Pace  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.  
 12. MAIDEN NAME OF MOTHER Not known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

14. INFORMANT Robert W. Whitehead  
 (Address) 364 N. Seminole St. Memphis, Tenn.

15. FILED 3/15 27 AM Om On State House REGISTAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1927  
 17. Deputy Coroner  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
92H  
7401  
chronic arterio-sclerosis (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes  
 WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
 (Signed) Chas. Nelson, M. D.  
3-13-1927 (Address) Deputy Coroner  
 \*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 Poteau Okla. DATE OF BURIAL 3/15 1927

20. UNDERTAKER Mo. R. L. Foister ADDRESS J.C. Mo

K. 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.

RECORD

