

SEP 28 1927

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

Do not use this space.

24213

1. PLACE OF DEATH

County Jackson
Township Independence
City Independence (No.)

Registration District No. 398
Primary Registration District No. 3819

File No.
Registered No. 217
St. Ward

2. FULL NAME

Sarah Cassell M. Miller
(a) Residence. No. 324 South Craig St. 4 Ward.

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 6 - 1836

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 11 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Ky

10. NAME OF FATHER David Cassell

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Martha Ann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington (STATE OR COUNTRY) Ky

14. INFORMANT Mar. E. T. Veston (Address) Independence R.R. 5 - Mo.

15. FILED Aug 21 1927 J. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 18th 1927

17. I HEREBY CERTIFY That I attended deceased from Aug 18th 1927, to Aug 18th 1927 that I last saw her alive on Aug 18th 1927 and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolus
12 3 hours -
8715 (duration) yrs. mos. ds.

CONTRIBUTORY Endo cardiac (SECONDARY) (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. Physical (Signed) Chas. Allen M. D.

Aug 20 1927 (Address) Independence - Mo.

*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 DATE OF BURIAL

Woodlawn Ind Mo Aug 21 1927

20. UNDERTAKER ADDRESS

Chas. Mitchell Independence Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

