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

Do not use this space.

29448

1. PLACE OF DEATH

County Ale Grain — Registration District No. 26 — File No.

Township ~~[illegible]~~ — Primary Registration District No. 3002 — Registered No. 137

City Mexico (No. 614 South Union St. Ward)

2. FULL NAME Jane Miller

(a) Residence. No. St., 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: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widdow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE: About 58 YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work — 131
(b) General nature of industry, business, or establishment in which employed (or employer) 930
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jonesburg (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT a montgomery (Address) Mexico Mo

15. FILED Oct 5th 1927 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-5- 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 14 1927 to , 19 that I last saw him alive on Sept 29 1927 and that death occurred, on the date stated above, at 12 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis —
Chronic Intestinal
Nephritis —
Mon than one year (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 129 a

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. H. Harrison, M. D.
, 19 (Address) Mexico 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: Mexico Mo Cem — DATE OF BURIAL: 10-6-1927

20. UNDERTAKER: H A Prescott & Son — ADDRESS: Mexico Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.