

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.

1928

100

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

Do not use this space.

32824

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. State Hospital No. 2.)

File No.

Registered No. 1214

St.

Ward

2. FULL NAME

Mary C. Miller

(a) Residence. No. .... St. .... Ward. Kansas City, MO.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 27 mos. 27 ds.

How long in U.S., if of foreign birth? 25 yrs. .... mos. .... ds.

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

George F. Miller (Husband)

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

September 3, 1871

7. AGE

YEARS 56

MONTHS 2

DAY 25

IF LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ireland

10. NAME OF FATHER

No record

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

Records of State Hospital No. 2.

(Address)

St. Joseph, Mo.

15.

FILED

Nov 28 1927

John G. Webb

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 28, 1927

17.

I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1927, to Nov. 28, 1927, that I last saw him alive on Nov. 27, 1927, and that death occurred, on the date stated above, at 1:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of uterus with metastases

CONTRIBUTORY (SECONDARY)

Secondary anemia

(duration) .... yrs. .... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed)

R.P. Crank

M. D.

Nov. 28, 1927 (Address) State Hosp. No. 2, St. Joseph, 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

Kansas City, Missouri.

DATE OF BURIAL

Nov. 30, 1927.

20. UNDERTAKER

H.O. Sidenfaden

ADDRESS

1802 Union Str.

