

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

Do not use this space.

36756

1. PLACE OF DEATH
 County Jackson Registration District No. 399 File No. _____
 Township Kaw Primary Registration District No. 1052 Registered No. _____
 City Hausers City (No. 6100 Morningside Drive St. 2 Ward)

2. FULL NAME Mrs. Clara Hay Miller
 (a) Residence No. 6100 Morningside Drive W. Mo. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Miller
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25, 1859
7. AGE YEARS 68 MONTHS 3 DAYS 6 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) (STATE OR COUNTRY) Iowa
10. NAME OF FATHER George H. Hay
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Elmira Berry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Iud.

14. INFORMANT (Address) John H. Miller
6100 Morningside Dr
15. FILED 12/27/27 A. M. Crown REGISTRAR
asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 1927
17. I HEREBY CERTIFY, That I attended deceased from out
22 1927, to Dec 1 1927
 that I last saw him alive on Dec 1 1927, and that death occurred, on the date stated above, at 5:40 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the breast, operated 5
Aug 1927. W.H.B.
secondary accident of being 5
 (duration) 1 yrs. 6 mos. ds.
CONTRIBUTORY (SECONDARY) Cardiovascular system with
decompensation - decompensation 2 mos.
 (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
DO AN OPERATION PRECEDE DEATH? yes DATE OF Aug 27, 1927
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Specimens & laboratory
 (Signed) R. J. Lane, M. D.
 (Address) Rich. Bldg

*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 Charlotte, Kans. **DATE OF BURIAL** Dec. 3 1927
20. UNDERTAKER W. H. Newcomer's Sons, K. C., Mo. **ADDRESS**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Rev. 06/01/00

1125 Road - 720

Vic 5832-

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