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

Do not use this space.

37667

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No.
Township Neosho — Primary Registration District No. 5808 — Registered No.
City N (No. ... St. ... Ward)

2. FULL NAME Jessie 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: Male
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: Mary Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not Positive

7. AGE: About 82 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Pennsylvania

PARENTS
10. NAME OF FATHER: David Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holland
12. MAIDEN NAME OF MOTHER: Mary Warren
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

14. INFORMANT: Carrie Michaels
(Address): Neosho Mo

15. FILED 12/16 1927 C E Maness Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1927, to Dec, 1927 that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 1:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82 A
(duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 7401
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Reynolds, M.D.
12/12, 1927 (Address) Neosho 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: Republic Mo — DATE OF BURIAL: 12-13 1927

20. UNDERTAKER: Bigham's — ADDRESS: Neosho

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.