

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.

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

Do not use this space.

885

**1. PLACE OF DEATH**

County Ball Registration District No. 372

Township Mound City Primary Registration District No. 1274

City Mound City (No.       ) St.        Ward       

File No.         
Registered No.       

**2. FULL NAME** Florence Luella 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 or (OR) WIFE OF E Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20 - 1893

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>54</u>	<u>1</u>	<u>07</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Ind  
(STATE OR COUNTRY)

10. NAME OF FATHER Nathan Acton

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

12. MAIDEN NAME OF MOTHER Mary Baserman

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

14. INFORMANT Mrs Florence Crumble  
(Address) St. Louis Mo.

15. FILED 1-28-28 19 28 J. O. Tracy  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 13, 1928, to Jan 27, 1928  
that I last saw him alive on Jan 27, 1928, and that death occurred, on the date stated above, at 2 4 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
encephalitis

78R 70R (duration) yrs. mos. 14 da.

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

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

0 DID AN OPERATION PRECEDE DEATH? no. DATE OF       

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical & History  
(Signed) D. P. Perry, M. D.  
Jan 28, 1928 (Address) Mound City 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 H.P. Cemetery Maitland Mo DATE OF BURIAL 1-29 1928

20. UNDERTAKER M Crumble ADDRESS Mound City Mo

100  
100  
100  
100

