FEB 23 1928

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

Do not use this space. 1925

1. PLACE OF DEATH
County Morgan
Township Hawkeye
City New Versailles (No. ..... St. ..... Ward)
Registration District No. 919
Primary Registration District No. 5793 a
File No. .....
Registered No. 36

2. FULL NAME Mrs Missouri E. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jas. R. Miller.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 30th 1866

7. AGE: Years 61 | Months 11 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(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): Moniteau Co Mo

PARENTS
10. NAME OF FATHER: Wm J. Hickam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co Mo
12. MAIDEN NAME OF MOTHER: Lucinda Sartain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co Mo

14. INFORMANT (Address): J. R. Miller Versailles Mo

15. FILED Feby 6, 1928 Wm L. Ripperger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1928, to Jan 3, 1928 that I last saw her alive on Jan 2, 1928, and that death occurred, on the date stated above, at 10 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
59 Diabetes mellitus
57
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... 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? urinary tests and History
(Signed) S. U. Newton, M. D
Jan 4 1928 (Address) Versailles 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: Miller Cemetery, Camden Co Mo
DATE OF BURIAL: Jan 5th 1928

20. UNDERTAKER: Hackwell's Versailles Mo
ADDRESS

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.