2441

MAR 16 1928

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

* Do not use this space.

File No. 4115

Registered No. 317

1. PLACE OF DEATH

County Buchanan Registration District No. 85

Township Primary Registration District No. 1001

City St. Joseph, (No. 1204 Boyd, St. Ward)

2. FULL NAME Ida Miller,

(a) Residence. No. 1204 Boyd, St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	Negro	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eligah Miller,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	49	5	14	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wathena,
(STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER Charles Crowms

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Rhoda Johnson,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,

14. INFORMANT Eligah Miller
(Address) 1204 Boyd Street,

15. FILED FEB 20 1928, 19 John G. [illegible] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1928 to Feb. 16, 1928 that I last saw he alive on Feb. 15, 1928, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis — chronic
59
9 25
1 A L A (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Bronchitis — acute 14 days
Diabetes mellitus — 3 yrs (duration) yrs. mos. ds.

57

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? Physical & lab. [illegible]

(Signed) G. T. Bluemle M. D.

2/18, 1928 (Address) 1818 N. 3d St.

*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 Wathena, Kansas Belmont Cemetery,

DATE OF BURIAL Feb. 19 1928

20. UNDERTAKER Heaton-Bergdolt-Bowman Funeral Home

ADDRESS 319 S. 10 St.

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.