APR 29 1928

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

Do not use this space.

85

7927

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 1001 — File No.: 7927
Township: — Primary Registration District No.: — Registered No.: 373
City: St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME: Flora B. Miller
(a) Residence. No. 2019 Holman St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 22, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	47	4	0	

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) (STATE OR COUNTRY): Pulaski Co. Ky.

PARENTS
10. NAME OF FATHER: James B. Musser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co, Ky.
12. MAIDEN NAME OF MOTHER: Melvina Gaspineau
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pulaski Co, Ky.

14. INFORMANT: Erwin W. Miller
(Address) 2019 Holman St.

15. FILED: MAR 24 1928 19 John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar, 22, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from March 5, 1928, to March 22, 1928, that I last saw her alive on March 22, 1928, and that death occurred, on the date stated above, at 11.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Septicaemia
Tuberculous abscess
25
28
26 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Tuberculous Peritonitis
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF March 16-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D
3/23/1928 (Address) [illegible]

*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	DATE OF BURIAL
Ashland Cemetery	Mar, 24, 1928

20. UNDERTAKER	ADDRESS
Walter Meierhoffer	1302 Faraon 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.