

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

8360-RC

1. PLACE OF DEATH

County Dallas
 Township Lincoln
 City Urbana (No.)

8360-a

Registration District No. 245
 Primary Registration District No. 5339

File No.
 Registered No.
 St. Ward)

2. FULL NAME

Levena Miller

(a) Residence, No. St., Ward,
 (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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF S

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/23/1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>20</u>	<u>3</u>	<u>19</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work cut work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER L. S. Miller

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

12. MAIDEN NAME OF MOTHER Leva Bufsky

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

14. INFORMANT L. S. Miller
 (Address) Urbana, Mo.

15. FILED Sept 28 1928 Mrs Arthur Darby
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/12 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... 8 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
 (duration) yrs. 4 mos. ds.
 CONTRIBUTORY None
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? Kansas City Mo.

DID AN OPERATION PRECEDE DEATH? N.O. DATE OF
 WAS THERE AN AUTOPSY? N.O.

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) Robt. Kichey, M. D.
 , 19 (Address) Urbana 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 Bower Chappel DATE OF BURIAL 3/13 1928

20. UNDERTAKER C. E. Ruth & Son ADDRESS Buffalo Mo.

... should state EXACTLY. PHYSICIANS should state ... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5 10 28

