

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

Do not use this space.

X 23222  
File No. 1160

**1. PLACE OF DEATH**

County Cape Girardeau  
Township .....  
City ..... (No. ....) (St. .... Ward)

Registration District No. 125  
Primary Registration District No. 3009

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Lulu Miller  
(a) Residence. No. 328 River de Fontaine 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 <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>.....</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 30 - 1926</u>		
7. AGE	YEARS	MONTHS
<u>1</u>	<u>6</u>	<u>26</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>.....</u> (c) Name of employer <u>.....</u>		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-23-1928 to 7-25-1928 that I last saw h.e.t. alive on 7-23-1928, and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cholera Infantum

119A / 113A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) not known  
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Charter Oak  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo Miller

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

12. MAIDEN NAME OF MOTHER Hattie Talley

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

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? vomiting & purging  
(Signed) A.E. Dalton, M. D.  
, 19 (Address) Cape Girardeau Mo

14. INFORMANT Mr Geo Miller  
(Address) 328 River de Fontaine

15. FILED 7/25 1928 W.C. Kaeuffer REGISTRAR

\*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 Fairmont Cem DATE OF BURIAL 7-25 1928

20. UNDERTAKER Al Brundage ADDRESS Cape Gir

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.

