

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 289
Primary Registration District No. 6033 B
(No. 3918 Philbrook Ave Pine Lawn St. Ward)

File No. 25025
Registered No. 216

2. FULL NAME

Myronia A Miller

(a) Residence. No. 3918 Philbrook Ave St., Ward.
(Usual place of abode)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (using the word) Widow

5A. MARRIED, WIDOWED, OR DIVORCED (or) WIFE OF George A Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 26, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 67 | 2 | 17

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) Ploussant
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henry Hasnet

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Charles Miller
(Address) 511 E. Pauline Ave. Wash. St.

15. FILED 7/14 1928 John Gray, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13 1928

17. I HEREBY CERTIFY That I attended deceased from July 13, 1928, to July 13, 1928, that I last saw him alive on July 13, 1928, and that death occurred, on the date stated above, at 10:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
94A
82A

CONTRIBUTORY (SECONDARY) Angina Pectoris
(duration) — yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —

9 DID AN OPERATION PRECEDE DEATH? — DATE OF July 13/28

19. WHAT TEST CONFIRMED DIAGNOSIS: —

(Signed) E. E. C. Swan, M. D.
7-13, 1928 (Address) 5925 E. Easton

*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 St. Peter & Paul DATE OF BURIAL 7-16 1928

20. UNDERTAKER Kregschauer & Co Manchester
ADDRESS 4104

