OV 21 1928

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

Do not use this space.

1. PLACE OF DEATH

County: Gentry — Registration District No. 312 — File No. 35259

Township: Jackson — Primary Registration District No. 5431A — Registered No.

City: (No. St. Ward)

2. FULL NAME Bettie Fern Miller

(a) Residence. No. 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: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 15-1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	10	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) MO
(STATE OR COUNTRY) Stonberry

PARENTS

10. NAME OF FATHER Dale Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gentry Co MO
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mattie Walton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
(STATE OR COUNTRY)

14. INFORMANT Dale Miller
(Address) Stonberry MO

15. FILED 10/9 1928 A W Pantitt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928, to Oct 8, 1928 that I last saw her alive on Oct 8, 1928, and that death occurred, on the date stated above, at 5.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Diarrhoea & Enteritis

(duration) — yrs. 1 mos. — ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W E Spence, M.D.
Oct 9, 1928 (Address) King City 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: High Ridge Cemetery Stonberry MO — DATE OF BURIAL: 10/9 1928

20. UNDERTAKER: Laton F. Phillips — ADDRESS: Stonberry MO

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.