

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

DEC 27 928

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

Do not use this space.

36775

1. PLACE OF DEATH

County Jackson
Township Blue
City Hannout (No.)

Registration District No. 398
Primary Registration District No. 5554

File No.
Registered No. 400
St. Ward)

2. FULL NAME

Laura Beman Miller

(a) Residence. No. 830 South 10th St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 11 19

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Jacob D. Beman

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Jacob C. Miller
(Address) Hannout Station R. 207

15. FILED 11/30, 1928 F. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29, 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1928, to Nov 28, 1928, that I last saw her alive on Nov 28, 1928, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertension of the arteries
Cerebral Hemorrhage
Sudden
CONTRIBUTORY (SECONDARY) about 9 hours duration

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

(Did an operation precede death? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? clinical history
(Signed) Jos. S. Bennett, M.D.

Nov 30, 1928 (Address) 9531 Van Horn, H. B. No

*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 Mount Washington DATE OF BURIAL Dec. 1, 1928

20. UNDERTAKER H. D. Larson & Son ADDRESS Madison

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.

