

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

Do not use this space.

16467

1. PLACE OF DEATH

County..... Registration District No. ⁷⁸¹¹ 1003
Township..... Primary Registration District No.
City St. Louis (No. 2702 Wamble) St. Ward)

File No.
Registered No. 4565
St. Ward)

2. FULL NAME

Ruth Miller
(a) Residence. No. 2702a Wamble St. 21 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 13 1901</u>		
7. AGE	YEARS <u>28</u>	MONTHS <u>1</u>
	DAYS	IF LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) Pine Bluff
(STATE OR COUNTRY) Ark.

10. NAME OF FATHER Austin Miller

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

12. MAIDEN NAME OF MOTHER Sarah Buchanan

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

14. INFORMANT Alexis Miller
(Address) 2702 Wamble

15. FILED APR 19 1929 May C. Markoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 13 1929

17. I HEREBY CERTIFY, That I attended deceased from March 26, 1929, to April 13, 1929 that I last saw him alive on April 11, 1929 and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral emboli
131
925

CONTRIBUTORY (SECONDARY) Intestinal rupture
(duration) yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DEATH?

(Signed) W. P. Moore M. D.
4-18-29 (Address) 1376 Franklin

*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 Father Dickson DATE OF BURIAL Apr. 20 1929

20. UNDERTAKER A. F. Walton ADDRESS 2701 Standard

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.

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