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

Do not use this space. 18086 2131

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. 2925 Holmes St. Ward)
File No.: Registered No.:

2. FULL NAME: Mary Elizabeth Miller
(a) Residence. No. Winchester Kan. St., 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: He
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo W. Miller
6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12, 1847
7. AGE: Years 81 | Months 10 | Days 25 | If LESS than 1 day, hrs. or min.
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):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Thomas Housh
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: Clara Moore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): not known

14. INFORMANT: Mrs Pearl Ewer
(Address) 2925 Holmes K.C. Mo.
15. FILED 5/8, 1929 M. M. Croyne asst. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-7 1929
17. I HEREBY CERTIFY, That I attended deceased from May 3, 1929, to May 7, 1929, that I last saw h.. alive on May 7, 1929, and that death occurred, on the date stated above, at 9:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
186A
196B
Accident Fall
107A (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY): Bronchopneumonia
(duration) yrs. mos. 3 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) R. C. Wunicke, M. D.
5/8, 1929 (Address) 2327 Troost.

*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: Winchester Kan. — DATE OF BURIAL: 5-10th 1929
20. UNDERTAKER: Gibson & Son — ADDRESS: K. C. Mo.

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.

PERMANENT RECORD