Dwes Cook Dr Miller

27 1931

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

Do not use this space.

23504-A

1. PLACE OF DEATH
County Saline
Township Gilliam
City Gilliam (No. ..... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 4475

File No. .....
Registered No. 6

2. FULL NAME May Henderson

(a) Residence. No. ..... 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 Female
4. COLOR OR RACE Black
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-16-1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
25	0	28	

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) New Frankfort
(STATE OR COUNTRY) Saline Co Mo

PARENTS

10. NAME OF FATHER Will Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Josie Powell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Grafton Henderson
(Address) Gilliam Mo

15. FILED 2-20 1931 J H Davidson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 1929

17. I HEREBY CERTIFY, That I attended deceased from June 13th, 1929, to June 14th, 1929, that I last saw her alive on June 13th, 1929, and that death occurred, on the date stated above, at 11 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Indigestion

(duration) ✓ yrs. — mos. 1 ds.

CONTRIBUTORY (SECONDARY) none

(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? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) A. L. Miller, M. D
, 19 (Address) Gilliam 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 Cambridge
DATE OF BURIAL June 16 1929

20. UNDERTAKER Jones & Sagin
ADDRESS Slater Mo