

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

Do not use this space.
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2926

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township W. Shaw Primary Registration District No. 1002
 City W. C. Mo. (No. 2215 - East) St. _____ Ward _____

2. FULL NAME Julia Ann Miller
 (a) Residence No. 2215 East St. 12 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>Fe</u> | 4. COLOR OR RACE <u>W.</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John A. Miller</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 16, 1978</u> | | |
| 7. AGE <u>50</u> | YEARS <u>7</u> | MONTHS <u>16</u> |
| | | DAYS <u>16</u> |
| 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer <u>House wife</u> | | |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>South Dakota</u> | | |
| 10. NAME OF FATHER <u>Joseph Smith</u> | | |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 12. MAIDEN NAME OF MOTHER <u>Sarah Wiley</u> | | |
| 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> | | |
| 14. INFORMANT <u>Mary J. Miller</u> (Address) <u>2215 East</u> | | |
| 15. FILED <u>7/4, 1979</u> <u>M. M. Crowe</u> REGISTRAR | | |

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1979

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1979 to July 2, 1979 that I last saw her alive on July 21, 1979 and that death occurred, on the date stated above, at 5:20 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of the cervix uteri
4/5

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None
 (duration) _____ yrs. mos. ds.

18. WHERE DISEASE CONTRACTED
460 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) M. Jackson M. D.
7/2, 1979 (Address) 726 Rathrop Bldg.

*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 Elmwood DATE OF BURIAL July 5, 1979

20. UNDERTAKER Rose & Henderson ADDRESS 1513 East

N. B.—Every item of information should be carefully supplied. ACE 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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Dr Jackson
Lutherop Bldg.
Vic 3002

Vol 4032

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