

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

Do not use this space.

40074

1. PLACE OF DEATH

County Clay Registration District No. 207
Township Liberty Primary Registration District No. 3012
City Liberty No. _____ St. _____ Ward _____

File No. _____
Registered No. 101
St. _____ Ward _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1 - 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to Dec 1st, 1929, that I last saw him alive on Nov 30, 1929, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

results of apoplexy
82A
162

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

Gideon P. Miller

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

Apr. 16 - 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

80 7 15

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

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

apoplexy & old age

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

10. NAME OF FATHER

Wm. G. Halcomb

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Francis Swelley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

14. INFORMANT

(Address)

Thos. Wm. F. Miller
Liberty, Mo.

15. FILED

1/10/30

Wm. G. Gordon
REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS paralysis of

(Signed) John A. Ketchum, M. D.

12-27-29 (Address) Liberty, 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

DATE OF BURIAL

Little Shoal 12/3/1929

20. UNDERTAKER

ADDRESS

Church - Archer Co Liberty Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

21 1930

23

9

PARENTS

1951
1952
1953

1954
1955
1956
1957
1958
1959
1960