

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

Do not use this space.

14915

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City W. Linn No. 2306 (No. Klemm)

File No.....
Registered No. 4333
St. Ward)

2. FULL NAME Christena Miller

(a) Residence. No. 2306 Klemm St. 17 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James O. Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 14

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) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kewanee
(STATE OR COUNTRY) Ill

10. NAME OF FATHER William Stevenson

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

12. MAIDEN NAME OF MOTHER Christena McAdams

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

14. INFORMANT Fred Kimm
(Address) 2306 Klemm Ave

15. FILED May 1 1930 W. C. Harker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 30 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July - 1929, to April 30th 1930, that I last saw him alive on April 30th 1930, and that death occurred, on the date stated above, at 5 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of breast
4-07-30
556
(duration) 1 yrs. 6 mos. 0 ds.
CONTRIBUTOR (SECONDARY) metastasis in the brain
(duration) 6 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical examination
(Signed) A. M. Tripodi, M. D.

, 19 (Address) 744-6 Mo. Bldg. S. L.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. MO

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Meta Mo. May 2 1930

20. UNDERTAKER ADDRESS
Alexander & Sons 1175 Delmar

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.

