WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 20 1930

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

Do not use this space.

Callaway 22544

File No. 523

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township — Primary Registration District No. 2001

City Springfield Mo. (No. Burge Hospital St. Ward)

2. FULL NAME Helen Miller

(a) Residence. No. Conway, Mo. 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23 1926

7. AGE: Years 3 | Months 6 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Conway (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Ezra Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Conway (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lois Ferrier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Conway (STATE OR COUNTRY) Mo.

14. INFORMANT J. M. Miller (Address) Conway Mo.

15. FILED 7-7, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1930

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1930, to July 7, 1930 that I last saw her alive on July 7, 1930, and that death occurred, on the date stated above, at 11.05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia - Broncho - 107A Primary

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1000

(duration) yrs. mos. 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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Guy D Callaway M. D

7-7, 1930 (Address) Springfield

*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: St Luke Cem — DATE OF BURIAL: 7-8-1930

20. UNDERTAKER: Alma Lohmeyer Funeral Home — ADDRESS: Springfield Mo.

519