

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

Do not use this space.

PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 1001
 City St. Francis (No. 2912)

File No. 38563
 Registered No. 1292
 St. _____ Ward)

2. FULL NAME

Nancy Ellen Miller
 (a) Residence. No. 2912 Francis St., _____ Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 10 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Buchanan County
 (STATE OR COUNTRY)

10. NAME OF FATHER Samuel E. Jeffers
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Francis Miller
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

14. INFORMANT Mrs. May Edines
 (Address) 2912 Francis St.

15. FILED DEC 3 1930 19 _____
John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1930, to Dec 2, 1930, that I last saw her alive on Dec 1, 1930, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia Lobar
108

CONTRIBUTORY (SECONDARY) Unknown
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED At Home
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinic
 (Signed) M. S. Gray, M. D.

12/4, 1930 (Address) Kentucky Bldg
St. Francis
 *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 McAuburn Cem DATE OF BURIAL Dec. 4 1930

20. UNDERTAKER E. R. Eidenpfer ADDRESS 602 So 10

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.

JAN 1 9 1931

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