

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

Do not use this space.

85

8897

1. PLACE OF DEATH

County Buchanan Registration District No. 1001
Township _____ Primary Registration District No. _____
City St. Joseph Mo., (No. St. Joseph Hospital) St. _____ (Ward) _____

File No. _____
Registered No. 326
St. _____ (Ward) _____

2. FULL NAME

Mary Jane Miller

(a) Residence No. 4 St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** Colored **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mr Nathan Miller
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
44 5 4

8. OCCUPATION OF DECEASED Housewife
(a) Trade, profession, or particular kind of work. 2-5-1-19
(b) General nature of industry, business, or establishment in which employed (or employer). 9
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Weston Mo.
(STATE OR COUNTRY) _____

10. NAME OF FATHER Henry Dale

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

12. MAIDEN NAME OF MOTHER Edna Merchant

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Market Mo.
(STATE OR COUNTRY) _____

14. INFORMANT Mr Nathan Miller (Husband)
(Address) 416 S 17th St

15. FILED MAR 25 1931 John K. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 **16. DATE OF DEATH** (MONTH, DAY AND YEAR) Mar 22, 31 1931

17. HEREBY CERTIFY, That I attended deceased from Feb. 28, 1931, to March 22, 1931, that I last saw her alive on March 22, 1931, and that death occurred, on the date stated above, at 5:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fibroid tumor of uterus
48 (malignant)
(duration) 5 yrs. mos. ds.
9 CONTRIBUTORY (SECONDARY) General Peritonitis - Chronic
Myocarditis (duration) _____ yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
19. DID AN OPERATION PRECEDE DEATH? yes DATE OF March 16
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Phys. Exam
(Signed) J. H. Thompson M. D.

3/25, 1931 (Address) 825 Charles St. St. Joseph 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 Ashland Cemetery DATE OF BURIAL 3-25-31 1931

20. UNDERTAKER B.F. Graves Funeral Home ADDRESS 806 S. 17th

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.

ADP 21 1931

PARENTS

