

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

Do not use this space.

8929

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. 2504 South IO Street)

File No. \_\_\_\_\_  
Registered No. 359  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Margaret Elizabeth Miller

(a) Residence. No. 2504 So. IO Street St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Married  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 23, 1863.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
67 5 8

**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 Own Home

9. BIRTHPLACE (CITY OR TOWN) Terre Haute,  
(STATE OR COUNTRY) Indiana.

10. NAME OF FATHER Barney Jewell  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky  
12. MAIDEN NAME OF MOTHER Sallie Jane Jewell  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Kentucky

14. INFORMANT W.H. Miller  
(Address) 2504 South IO Street

15. FILED APR 2 1931 John R. Bender REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 19 31.

17. I HEREBY CERTIFY, That I attended deceased from viewed on \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h.B.T. alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 7/10.A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) None (duration) 5 yrs. mos. ds.

18. WHERE DISEASE CONTRACTED no (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE 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 History  
(Signed) B.W. Tadlock Coroner M. D.

Mar. 31, 1931. (Address) 821 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 Ashland Cemetery DATE OF BURIAL April 2, 1931.

20. UNDERTAKER J.H. Siderfin ADDRESS 1802 Union Str.

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.

APR 21 1931

