

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

Do not use this space.

*Geo. J. ...
...
3842*

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield Mo. 744 Cherry

File No. _____
Registered No. 233
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 744 Cherry St. _____ Ward _____

(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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 | 9 | 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wade Co. Mo. 1

13. NAME Eldridge Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data 31

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT C. B. Daughtrey (ADDRESS) 744 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenleaf DATE March 25-1931

19. UNDERTAKER Home of Bereavement (ADDRESS) 534 St. Louis

20. FILED 3-24-31 19 Geo Sharp Registrar.

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23-1931

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1931, to March 23, 1931

I last saw h. m. alive on March 22, 1931. Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

186A
194B
Fracture neck
Right Femur

Other contributory causes of importance:

186C

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3-10-31

Where did injury occur? Home - Springfield Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. (1)

Manner of injury fall

Nature of injury Fracture of neck

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Geo J. ..., M. D.

(Address) Springfield Mo

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.

APR 23 1931

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