

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

Do not use this space.

10265

1. PLACE OF DEATH

County... Jackson
Township... Kaw
City... Kansas City

Registration District No. 389
Primary Registration District No. 1002
(No. 5224 Rockhill Road)

File No. _____
Registered No. 1543
St. _____ Ward _____

2. FULL NAME Harriette E. Miller

(a) Residence. No. 5224 Rockhill Road St. 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 6, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

PARENTS
10. NAME OF FATHER George Dunlap
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known 31
12. MAIDEN NAME OF MOTHER Annie Wellsman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Chas. M. Miller
(Address) 5224 Rockhill Road

15. FILED 4/1, 1931 M. M. Cronin
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1931, to March 31, 1931, that I last saw her alive on March 31, 1931, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the cervix
48 (duration) yrs. 10 mos. ds.
48 530
CONTRIBUTORY (SECONDARY) Metastasis to brain
(duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH. DATE OF.....
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert C. Swisher, M. D.
4/1, 1931 (Address) 910 Angule Bldg

*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 Forest Hill Cem DATE OF BURIAL 4-3-1931
ADDRESS 2235

20. UNDERTAKER Stine & McPherson Billham Road

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

W. J. 12. 12. 12
(1) 8666