

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 701
 Townships..... Primary Registration District No. 1000
 City St. Louis (No. 234 So. Bannock)

File No. 19804
 Registered No. 5821
 St. _____ Ward)

2. FULL NAME

Virgie V Miller
 (a) Residence. No. 234 So Bannock St., 22 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 22 - 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
18 3 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. House Work
 (b) General nature of industry, business, or establishment in which employed (or employer) 2nd
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss
 (STATE OR COUNTRY)

10. NAME OF FATHER Irish Burns

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

12. MAIDEN NAME OF MOTHER Anna Buckingham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Miss
 (STATE OR COUNTRY)

14. INFORMANT Jean Buckingham
 (Address) 234 So. Bannock

15. FILED Jan 27 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15 1931

17. No physician in attendance
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h..... alive on _____, 19____, and that death occurred, on the date stated above, at _____, _____, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Stab Wound of Neck
(Knife)
174 Homicide
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 174
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Dr. J. M. Buckley M. D.
 (Signed) 5/16 1931 (Address) 234 So. Bannock

*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 Father Dickerson DATE OF BURIAL 5-21-31
 19

20. UNDERTAKER W. S. Waddell & Co ADDRESS 420 2nd Finney

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.

