

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

Do not use this space.

25031

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City (No. 1000 West 71 Street Terrace St. _____ Ward _____)

File No. _____
Registered No. 31028
St. _____ Ward _____

2. FULL NAME Mrs. Birdella Miller

(a) Residence No. 1000 West 71 Street Terr. St. Ward 9
(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) American

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13, 1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
57 3 28

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) Butler, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm. M. Dalton

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

12. MAIDEN NAME OF MOTHER Sarah Ann Price

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

14. INFORMANT James O. Miller
(Address) 1000 West 71 st Terrace

15. FILED July 31 1931 M. M. Grove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11, 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 25, 1930, to July 11, 1931 that I last saw h. alive on July 11, 1931, and that death occurred, on the date stated above, at 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer
Primary in left breast
metastases to abdomen, occulur
sternum &c
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 50
48
(duration) 40 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 5 1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS microscopic
(Signed) M. M. Grove, M. D.
7/11 1931 (Address) 843 Argyle Pl.

*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 Mt Moriah Cemetery DATE OF BURIAL 7-13-31 19

20. UNDERTAKER R.V. Lindsey & Sons, Inc. ADDRESS K.C. Mo.

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.

