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

Do not use this space.

30624

File No. .....

Registered No. 989

85

1. PLACE OF DEATH

County Buchanan Registration District No. .....

Township ..... Primary Registration District No. 01

City St. Joseph (No. 7th and Frances street on Pike street St. ..... Ward)

2. FULL NAME Jean Ann Miller

(a) Residence, No. 916 North 9 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 ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

DEC 28 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 15, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	9	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 210M

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

12. BIRTHPLACE (CITY OR TOWN) St Joseph
(STATE OR COUNTRY) Missouri

FATHER

13. NAME H B Miller

14. BIRTHPLACE (CITY OR TOWN) DeKalb County
(STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Nellie Barber

16. BIRTHPLACE (CITY OR TOWN) DeKalb Co.
(STATE OR COUNTRY) Missouri

17. INFORMANT H B Miller
(ADDRESS) 916 North 9 st.-St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Sept. 28, 1931

19. UNDERTAKER W. W. Siebenfaden
(ADDRESS) 1802 Union Street

20. FILED 9-28, 1931 John R. Bender M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 26, 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains
....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A.....m.

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

Fractured skull, Auto accident Date of onset .....
at 7th & Francis
Ran over by truck - driver who was not drunk nor blinded by lights.

Other contributory causes of importance: none

none

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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 9/26, 1931
Where did injury occur? St. Joseph Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Auto accident
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Francis

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.