

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH** 262

Do not use this space.

30904

1. PLACE OF DEATH

County Wright

Registration District No. 4161

File No. _____

Township Union Star

Primary Registration District No. 262

Registered No. _____

City Union Star (No. _____)

St. _____ Ward) _____

2. FULL NAME

Frances Louise Miller

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 - 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
18 | 6 | 25

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

9. BIRTHPLACE (CITY OR TOWN) Merina
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Carl Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) King City
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Virginia M. Donald

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

14. INFORMANT Margaret Miller
(Address) Union Star Mo.

15. FILED 7/23/34 E. M. Reynolds
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 22 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1930, to Sept 22, 1931.
that I last saw him alive on Sept 22, 1931, and that death occurred, on the date stated above, at 2:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of the uterus

48 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. da.

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? Macroscopic findings
(Signed) Arthur E. Rockwood

(Address) Union Star, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star, Mo. DATE OF BURIAL Sept 24 1931

20. UNDERTAKER H. D. Wilson ADDRESS King City, 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.

OCT 22 1931

