DEC 3 1931

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

Do not use this space.

38680

1. PLACE OF DEATH
County: Ray
Township: Polk
City: (No. , St. Ward)

Registration District No. 742
Primary Registration District No. 3977a

File No.
Registered No.

2. FULL NAME Helen May Denton Miller
(a) Residence, No. St., Ward. Excelsior Springs Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 4 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*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1908

7. AGE: YEARS 23 | MONTHS 4 | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telephone Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) June 21 - 1931
11. Total time (years) spent in this occupation 2 yr. 8 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Mo

FATHER
13. NAME James Preston Denton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Nutie May Woodroof
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wellington Mo

17. INFORMANT Hattie May Denton
(ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brown Hill DATE Nov 27 1931

19. UNDERTAKER Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED Dec 1 1931 Edwin Thomas
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1931, to Nov. 25, 1931
I last saw h. on alive on Nov. 25, 1931. Death is said to have occurred on the date stated above, at 1:00 P.m.
The principal cause of death and related causes of importance were as follows:

Lymphosarcoma of neck with metastasis — Date of onset April 1931

SYE

Other contributory causes of importance:

Name of operation Some lymph glands removed by Dr. Pulsing — Date of
What test confirmed diagnosis? Clinical, X-Ray — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Cletus E. Buehner, M. D.
(Address) Lawson Missouri

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.

WITH SIGNATURE AND ADDRESS THIS IS A PERMANENT RECORD