

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

Do not use this space.

40855

1. PLACE OF DEATH

County Jackson Registration District No. 8
Township Kaw Primary Registration District No. 18
City Kansas City (No. 160 S. Jackson St.) Ward.

File No. _____
Registered No. 1022
St. 1002 Ward)

2. FULL NAME

(a) Residence, No. 160 S. Jackson 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 18

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

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) 11. Total time (years) spent in this occupation.

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

13. NAME Robert E. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Julia Frankler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta County Georgia

17. INFORMANT (ADDRESS) Julia Frankler 160 S. Jackson St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Dec 5 1931

19. UNDERTAKER (ADDRESS) Dwight Cross 178 S. Jackson

20. FILED 12/14 19 31 M. D. Browe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1931 to Dec 2 1931

I last saw her alive on Dec 2 1931 Death is said

to have occurred on the date stated above, at 11:15 a.m.

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

Pulmonary Tuberculosis Date of onset

73A 23
69B 23

Other contributory causes of importance:

9 of anemia

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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?

If so, specify _____

(Signed) L. M. Tillman M. D.

(Address) 1618 S. Jackson

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.

