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

Do not use this space.

3701

File No. ____
Registered No. 4

Registration District No. 53
Primary Registration District No. 3005

1. PLACE OF DEATH
County: Carter
Township: ____
City: Red Hill (No. ____ St. ____ Ward)

2. FULL NAME: Flora Alice 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 ____ 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3 - 1875

7. AGE: Years 58 | Months 10 | Days 11 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home
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): Pleasanton Kansas

FATHER
13. NAME: Samuel Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belle Fontaine Ohio

MOTHER
15. MAIDEN NAME: Elizabeth Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crafton West Virginia

17. INFORMANT (ADDRESS): Mrs. Lola Drouard Red Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Red Hill DATE: Oct 16 1930

19. UNDERTAKER (ADDRESS): Grant Pearson Red Hill Mo

20. FILED: Oct 16 1930 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 14 1930

22. I HEREBY CERTIFY, That I attended deceased from Oct 1924, 19__ to Oct 14 1930, 19__
I last saw h__ alive on Oct 14 1930, 19__. Death is said to have occurred on the date stated above, at 5 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malarial Cirrhosis of Liver	
Chronic Interstitial Nephritis	
Other contributory causes of importance:	
53E	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ 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: D
Nature of injury: ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____
(Signed) O. H. Allen, M. D.
(Address) Red Hill 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.

APR 13 1931