

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

Do not use this space.

5059

1. PLACE OF DEATH

County Jackson Registration District No. 5558
Township Washington Primary Registration District No. 404
City Kansas City (No. 8505 Highland St. _____ Ward _____)

File No. _____

Registered No. 6

2. FULL NAME MILLER, Mary E.

(a) Residence, No. 8505 Highland 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 Fem 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
59 3 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 235

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) 31

13. NAME Henry Finlay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Anna unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Geo. J. Palmer
8505 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE 2-12-32

19. UNDERTAKER (ADDRESS) R. V. LINDSEY & SONS, Inc.
3811 Broadway

20. FILED 2-11-32 19. Frank R. Lindsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept-30, 1931, to Feb-10, 1932

I last saw him alive on Feb-7, 1932 Death is said

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

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

Acute Ascending Paralysis
CIA

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) H. E. Sawyer, M. D.

(Address) 4324 Prospect Ave.

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 23 1932

