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 30 1932

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

Do not use this space.

7200

1. PLACE OF DEATH
113 County Worth — Registration District No. 903 — File No.
Township Smith — Primary Registration District No. 6211 — Registered No. 6
City ~~Redding Iowa~~ (No. , St. Ward)

2. FULL NAME Sibba Francis Miller

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F — 4. COLOR OR RACE W — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1853.

7. AGE — YEARS 79 — MONTHS 0 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Linen Smith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sister Totaly
10. Date deceased last worked at this occupation (month and year) Plin 11. Total time (years) spent in this occupation 60 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Joe, Mo.

FATHER
13. NAME Brice Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Kentucky

MOTHER
15. MAIDEN NAME Martha Holland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Tennessee

17. INFORMANT (ADDRESS) Mrs. Chas. Moler

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mitchell Cem DATE 2/21 1932

19. UNDERTAKER (ADDRESS) Arch C. Dunfee

20. FILED 2-21 1932 John Endrecor Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Feby 10 1932, 19, to Feby 19 1932, 19
I last saw her alive on Feby 18 1932, 19 Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorage
Arterio Sclerosis for 10 yrs
82 A
87

Date of onset 2-17-32

Other contributory causes of importance: 82 A

(1)

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, 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) O. L. Fullerton, M. D.
(Address) Redding Iowa