

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

Do not use this space.

8096

File No. _____
Registered No. **218** Ward _____

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield-Hopewell Primary Registration District No. 2001
5 City Springfield (No. Springfield Hospital) St. _____ (Ward) _____

2. FULL NAME Alta Miller
(a) Residence, No. _____ St. _____ Ward. Long Lane, Mo.
(Usual place of abode) (If not resident, 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>56</u>	<u>10</u>	<u>22</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Dellon Mo

13. NAME Alta Parrish

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

15. MAIDEN NAME Maria Clayton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

17. INFORMANT J. N. Miller
(ADDRESS) Long Lane Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Long Lane DATE 3-15-32

19. UNDERTAKER L. B. Jones
(ADDRESS) Springfield Mo

20. FILED 3-14 19 32 For Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-14-32

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1932, to 3-14, 1932.
I last saw her alive on 3-14, 1932. Death is said to have occurred on the date stated above, at 3 a.m.
The principal cause of death and related causes of importance were as follows:
Obstructive Pulmonary Disease
121A
121B
114A
Other contributory causes of importance:
Arteriosclerosis
hypertension

Name of operation Arteriosclerotic Date of 3-3-32
What test confirmed diagnosis? 2. etc 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) W. H. Jones, M. D.
(Address) Springfield, Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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 26 1932

