

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

Do not use this space.

APR 27 1932

1. PLACE OF DEATH
 53 County Cass Registration District No. 449
 2 Township Lebanon Primary Registration District No. 4267
 6 City Lebanon (No. _____) St. _____ Ward _____

2. FULL NAME Lena B. 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.

File No. 9014
 Registered No. 1730

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>R. M. Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1878</u>				
7. AGE YEARS <u>53</u>	MONTHS <u>5</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	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) <u>Lebanon Mo. 1</u>				
FATHER	13. NAME <u>John Burns 8</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S. 2</u>				
MOTHER	15. MAIDEN NAME <u>Mary Bolser</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>				
17. INFORMANT (ADDRESS) <u>John Tyler Lebanon</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lebanon</u> DATE <u>Apr. 1, 1932</u>				
19. UNDERTAKER (ADDRESS) <u>Pahur Lebanon</u>				
20. FILED <u>3/31, 1932</u> <u>J. M. Bellamy</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30, 1932

2. I HEREBY CERTIFY, That I attended deceased from 1 NT, 1932, to March 30, 1932
 I last saw her alive on March 15, 1932. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma stomach Date of onset _____
48
48
 Other contributory causes of importance: (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ph. Ex. 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) J. P. Casey, M. D.
 (Address) Lebanon Mo

