

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

Do not use this space.

13563

1. PLACE OF DEATH

84 County Polk Registration District No. 701
Township Marion Primary Registration District No. 1920
City..... (No.) St. Ward.....

2. FULL NAME

Mrs Ellen Nora 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15 1859</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	
	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) <u>Howard Co. 1</u>		
FATHER	13. NAME <u>James G. Crane</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT (ADDRESS) <u>James H. Miller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mark's Creek</u> DATE <u>April 22 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Hitchcock Blue</u>		
20. FILED <u>4-22 1932</u> <u>J. F. Robert</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 12 1932 to Apr 21 1932
I last saw her alive on Apr 20 1932 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:
Pneumonia following flu Date of onset 4-12-32
11A
12 1A
Other contributory causes of importance: 11B
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. 1

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. A. B. Jones M. D.
(Address) 1234 Main St

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.

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