

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

Do not use this space.

15945

1. PLACE OF DEATH

42 County Henry Registration District No. 347
Township White Oak Primary Registration District No. 5495
City Waverly (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 45
St. _____ Ward _____

2. FULL NAME

Nancy Elizabeth Miller

(a) Residence. No. Waverly Mo St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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 H. F. Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 8 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Henry Co Mo

10. NAME OF FATHER William Page

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Delana Chitwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ky

14. INFORMANT Inis Hall (Address) Waverly Mo

15. FILED 5/7, 1932 Ed C. Peelor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1932

17. I HEREBY CERTIFY, That I attended deceased from March 15th, 1932 to May 2, 1932 that I last saw her alive on May 2, 1932, and that death occurred, on the date stated above, at 12:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Double Lobar pneumonia
108 108
47 R (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) tribial Insufficiency (duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) R. P. Smith, M. D.

, 10 (Address) Waverly Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waverly Cemetery DATE OF BURIAL 5-4 1932

20. UNDERTAKER R. P. Smith ADDRESS Waverly

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.

MAY 8 5 1932

