

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

Do not use this space.

19226

1. PLACE OF DEATH
 39 County Green Registration District No. 318
 3 Township Springfield Primary Registration District No. 12001
 5 City Springfield No. 733 Dollison Ave St. 422 Ward

2. FULL NAME Mary L. Miles
 (a) Residence, No. 733 E. Dollison 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1846

7. AGE YEARS 85 MONTHS 6 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
 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) Mo.

FATHER
 13. NAME Mercer Johnson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
 15. MAIDEN NAME Nancy Million
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Mrs. E. P. Ludwigs
Springfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Chelona Mo. DATE June 12, 1932

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co.
Springfield, Mo.

20. FILED 6-11-1932 Ralph Whangston
 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1932

22. I HEREBY CERTIFY That I attended deceased from June 2, 1932 to June 11, 1932
 I last saw her alive on June 11, 1932 Death is said to have occurred on the date stated above, at 7:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Broken right hip
186A
194B
162
 Date of onset

Other contributory causes of importance: Senility

Name of operation none 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 June 7, 1932
 Where did injury occur? at home Springfield Mo
Chelona Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury broken hip by fall
 Nature of injury on attempting to walk on uneven ground

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) M. J. Armstrong M. D.
 (Address) Springfield Mo

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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