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

Do not use this space.

19493

File No. 22997

Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 2040 Bellview St. Ward)
Registration District No. 899
Primary Registration District No. 2002

2. FULL NAME: Louise Miller
(a) Residence, No. 2040 Bellview St., 3 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: F.
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Thos Miller.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 3, 1900
7. AGE: Years 31 Months 9 Days 4 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.: 235
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): Belleville Illinois 2

FATHER
13. NAME: Charles Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

MOTHER
15. MAIDEN NAME: Esther Pierre.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 2

17. INFORMANT: Minnie Fiston
(ADDRESS) 2040 Bellview.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Belleville, Ill. DATE: 6/8 1932
19. UNDERTAKER: Watkins Bros Undt.
(ADDRESS) 1729 Lydia
20. FILED June 9, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/7 1932
22. I HEREBY CERTIFY, That I attended deceased from 6-5-32, 19..., to 6-7-, 1932
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	108
110B	
106B	

Other contributory causes of importance: Pulmonitis & Pleurisy

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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) A. Franklin Lossow, M. D.
(Address) 15 E 8th

MARGIN RESERVED FOR BINDING

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

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.

V. S. No. 2

A. F. Redford.