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.

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

Do not use this space.

21561

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. 5849 Cates Ave St. 6130 Ward)

2. FULL NAME Katherine Tracy Miller

(a) Residence, No. 5849 Cates St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 13, 1856

7. AGE YEARS 76 MONTHS 4 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. None

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) Saint Louis Missouri

FATHER

13. NAME William Black Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Village Green Penn.

MOTHER

15. MAIDEN NAME Eliza Hopkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio.

17. INFORMANT (ADDRESS) Mrs J J Fisher 5849 Cates Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 2nd, 1932

19. UNDERTAKER (ADDRESS) Wagoner Und. Co 3621 Olive St.

20. FILED [illegible] 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1932, to June 30, 1932

I last saw her alive on June 30, 1932, 19..... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
82A	
97	

Other contributory causes of importance:

arteria - sclerosis -

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) Scott Parsons, M. D.

(Address) 608 - Wall Bld.