

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

Do not use this space.

22565

1. PLACE OF DEATH

39 County Greene Registration District No. 318
Township J. Campbell Primary Registration District No. 5440
City Springfield (No. R # 3)

File No.
Registered No. 523 Ward)

2. FULL NAME

(a) Residence, No. P. Bessie Miller St. R. F. D. # 3 Ward.
(Usual place of abode) E. Sunshine Road (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 4 20

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) va.

FATHER 13. NAME Joshua Baxter Percy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

MOTHER 15. MAIDEN NAME Nancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Va.

17. INFORMANT J. J. Miller, R # 3 (ADDRESS) Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE July 28 1932

19. UNDERTAKER (ADDRESS) W. H. Lindsey & Co. Springfield, Mo.

20. FILED 7-27 1932 Springfield, Mo. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1932

22. I HEREBY CERTIFY, That I attended deceased from July 24 1930 to July 24 1932
I last saw him alive on July 25 1932 Death is said to have occurred on the date stated above, at 4 P. m.

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

Edema of Brains
Autopsy did not reveal further cause of death.
Other contributory causes of importance: J. J. M.

acute indigestion
probably caused by summer heat.

Name of operation none Date of
What test confirmed diagnosis? no Was there an autopsy? yes

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 ①
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. F. Kern, M. D.
(Address) Springfield Mo.

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.

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