

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

Do not use this space.

25721

1. PLACE OF DEATH

26

County Cole
Township Clark
City (No. _____) _____

Registration District No. 213
Primary Registration District No. 4129

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Nancy Jane Miller

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Hugh Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, -1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>11</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Wayne Co - Ill

13. NAME John J. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Ky

15. MAIDEN NAME Elijah M Kinney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Ky

17. INFORMANT (ADDRESS) Mrs Jennie Gilleland

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden Church DATE Aug 31 1932

19. UNDERTAKER (ADDRESS) Schell Mears & Co. Mo

20. FILED Aug 31, 19 Leona C. Glover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1932, to Aug 28 1932
I last saw her alive on Aug 28 1932 Death is said to have occurred on the date stated above, at 1:45 pm.
The principal cause of death and related causes of importance were as follows:

Aortic Stenosis

92A

J. J. Walker

Other contributory causes of importance: _____

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) L. O. Nye M. D.
(Address) Englewood, 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.

SEP 3 1932

