

N. B.—Every item of information should be carefully studied. 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.

T W 8 3 1932

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

Do not use this space.

28800

1. PLACE OF DEATH

25⁵ County Clinton
Township Deerling No
City Deerling No (No. 2)

Registration District No. 207
Primary Registration District No. 4125

File No. 19
Registered No. 71
St. _____ Ward _____

2. FULL NAME

Mrs. Eliza Jane Miller
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 30 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. E. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9 - 1861</u>		
7. AGE	YEARS	MONTHS
<u>70</u>	<u>9</u>	<u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>		
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) <u>Mo 1</u>		
FATHER	13. NAME <u>John H. Bailey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky 2</u>	
MOTHER	15. MAIDEN NAME <u>Jessie J. Lewis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT (ADDRESS) <u>V. Lee Wilkerson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hair View Mt</u> DATE <u>Sept 16</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>39 W. ...</u>		
20. FILED <u>9/20</u> 19 <u>32</u> <u>Genice Chastain</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932, to Sept 15 1932
I last saw her alive on Sept 14 1932. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Date of onset 10 yrs

Other contributory causes of importance:
Age ①

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

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 NO
(Signed) S. D. Reynolds, M. D.
(Address) Chastain

