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.

29347

File No. 3521

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 3448 E 62nd st St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Miss Delle Helene Miller
(a) Residence, No. 3448 E 62nd st St., 16 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 Fe.
4. COLOR OR RACE W.
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) June 10-1775
7. AGE YEARS 57 MONTHS 3 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Art Teacher 215
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paseo High School
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) Independence 2 Ks

FATHER
13. NAME Dr Henry Westren Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond 5 Canada

MOTHER
15. MAIDEN NAME Mary Harford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington 2 Pa

17. INFORMANT (ADDRESS) Miss Mabelle M Miller 3448 E 62

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Sept 19 1932

19. UNDERTAKER (ADDRESS) Eylar Funeral Home 1800 Linwood

20. FILED 9/17 1932 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH Sat

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Sept. 16, 1932
I last saw him alive on Sept. 11, 1933 Death is said to have occurred on the date stated above, at 12:05 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of breast.	unent- ain-
60 50	

Other contributory causes of importance:

(1)

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? no
If so, specify
(Signed) R. Sutton, M. D.
(Address) 801 Tulsa Bl