

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

Do not use this space.

32922

**1. PLACE OF DEATH**

65 County Mercer  
Township Medicine  
City (No. ....) .....

Registration District No. 559  
Primary Registration District No. 5753

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Mary Nellie 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of John Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 28 1863</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>4</u>
	DAYS <u>29</u>	If LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</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>Mercer County Missouri</u>		
FATHER	13. NAME <u>Henry Gay</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Mo</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Scott</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mercer County Mo</u>	
17. INFORMANT (ADDRESS) <u>John Miller Milgrane</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Topsy</u> DATE <u>Oct 22 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Martin Funeral Home Poplarville Mo</u>		
20. FILED <u>Nov 1 1932</u> <u>C. R. McClanahan</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1932, to Oct 21, 1932  
I last saw him alive on Oct 21, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
Date of onset

Other contributory causes of importance:  
HTA  
82A  
82A  
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? .....

If so, specify .....

(Signed) E. D. Ewmy, M. D.  
(Address) Spickards 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.

NOV 25 1932

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