

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

Do not use this space.

33318  
432  
File No.  
Registered No. 55  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

91 County Ripley Registration District No. 751  
Township Vabush Primary Registration District No. 5992  
City \_\_\_\_\_ (No. \_\_\_\_\_)

**2. FULL NAME**

Eva Miller

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>female</u>	4. COLOR OR RACE <u>white</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>Albert Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 13 - 1900</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>9</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Fishers (STATE OR COUNTRY) Ind. Mo.

13. NAME Edd Martin

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

15. MAIDEN NAME Bessie Mayo

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

17. INFORMANT (ADDRESS) Albert Miller  
Oxley Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE Oct 2 1932

19. UNDERTAKER (ADDRESS) Mrs. M. O. Ish  
Waylor Mo

20. FILED Oct 2 1932 W. E. Whit Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7 1932 to Oct 1 1932  
I last saw him alive on Sept 7 1932 Death is said to have occurred on the date stated above, at 7:29 a.m.

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

Other contributory causes of importance:  
putrefaction tuberculosis

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) W. E. Whit, M. D.  
(Address) Waylor 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 28 1932

