

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

Do not use this space.

**35029**

**1. PLACE OF DEATH**

County Carroll  
Township Prairie  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 138  
Primary Registration District No. 5198

File No. \_\_\_\_\_  
Registered No. 35-

**2. FULL NAME**

(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. W. Miller  
Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct - 12 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 - 1 - 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Virginia

13. NAME William Hevner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broadway Virginia

15. MAIDEN NAME Susan Caldwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broadway Va

17. INFORMANT G. E. Miller  
(ADDRESS) Stet mo

18. BURIAL, CREMATION, OR REMOVAL Cem  
PLACE Waken de DATE Nov-29-1932

19. UNDERTAKER Geo. W. Knipfchild  
(ADDRESS) Stet mo

20. FILED Nov 29 1932 E. H. Mason M.D.  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from May 26th 1926, to Nov 28th 1932  
I last saw her alive on Nov 26, 1932. Death is said to have occurred on the date stated above, at 11:40 am.

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

Apoplexy due to  
atherosclerosis of the  
arteries causing  
diastasis of heart.

Other contributory causes of importance:

92A

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What has 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 \_\_\_\_\_

(Signed) G. P. Babby, M. D.  
(Address) Stet 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.

MAY BE RESERVED FOR STUDY

V. 50 NO. 2

