

WHITE PAPER, WITH UNFADING INK---THIS IS A PERMANENT RECORD

EB 2 1933

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Marion
City (No.)

Registration District No. 1039
Primary Registration District No. 5080

File No. 138
Registered No. 1
St. _____ Ward _____

2. FULL NAME

Emma Selina 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hugh Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 8

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House Wife

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) P. a.

13. NAME William Hooper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. a.

15. MAIDEN NAME Catherine Shoop

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. a.

17. INFORMANT Ruby Dupree (ADDRESS) East side no 24

18. BURIAL, CREMATION, OR REMOVAL PLACE Morrison DATE Jan 4 1933

19. UNDERTAKER Llewellyn J. Don (ADDRESS) Bohannon

20. FILED Feb. 10. 1933 Clyde L. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1932 to Jan 5 1933

I last saw h. alive on Jan 5 1933. Death is said to have occurred on the date stated above, at 6:05 a.m.

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

Cancer of lungs
Spontaneous

Date of onset

1931

Other contributory causes of importance:
None

Name of operation None Date of _____

What test confirmed diagnosis? Chemical 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? No

If so, specify _____

(Signed) Wedd Munson M. D.

(Address) Morrison Feb 2

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.

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