

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

Do not use this space.

9545

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K.C.Mo.

Registration District No. 399  
Primary Registration District No. 1008  
(No. Mercy Hospital)

File No. 1144  
Registered No. 1144  
St.                      Ward                     

**2. FULL NAME** Barbara Miller

(a) Residence, No. 1320 Harrison 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 15th St  
10. Date deceased last worked at this occupation (month and year) 10  
11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) Kansas City,  
(STATE OR COUNTRY) Missouri

13. NAME Dewey Miller

14. BIRTHPLACE (CITY OR TOWN) Tenn.  
(STATE OR COUNTRY)

15. MAIDEN NAME Virginia Carter

16. BIRTHPLACE (CITY OR TOWN) Alabama  
(STATE OR COUNTRY)

17. INFORMANT Mrs. Dewey Miller  
(ADDRESS) 1320 Harrison, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Mar. 8-33

19. UNDERTAKER R.V. Lindsey & Sons, Inc  
(ADDRESS) K.C.Mo.

20. FILED Book 8 33 M. M. Crow  
Asst Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-4-33, 1933, to 3-7-33, 1933.

I last saw her alive on 8:00 A.M. 3-7-33 Death is said to have occurred on the date stated above, at 8:00 P.M.

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

Porencephaly  
Hydrocephalus  
1570  
1570  
Other contributory causes of importance:  
Pneumonia  
(primary)

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy? yes

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) W. H. Green, M. D.  
(Address)                     

OCCUPATION

FATHER

MOTHER

