

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

Do not use this space.

1077

1. PLACE OF DEATH

County Johnson Registration District No. 431
Township Warrensburg, Primary Registration District No. 3023
City Warrensburg, (No. _____, _____ St. _____ Ward)

File No. _____
Registered No. _____

2. FULL NAME Izula Huston Miller

(a) Residence, No. 409 S Holden, St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. da. 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 FX 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. C. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 4, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 11 13

OCCUPATION 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) Arrow Rock, Missouri,

FATHER 13. NAME Nicholas Huston,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock, Missouri

MOTHER 15. MAIDEN NAME Columbia Howard,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia,

17. INFORMANT (ADDRESS) W. E. Morrow, Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arrow Rock Mo DATE Mar. 22, 1933

19. UNDERTAKER (ADDRESS) Sweeney-Phillips, Warrensburg, Mo

20. FILED Mar 21, 1933 Wm Rattison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1933
22. I HEREBY CERTIFY, That I attended deceased from Feb 20 year, 1933, to May 20, 1933.
I last saw h. alive on March 21, 1933. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
46B
4-6-33
Other contributory causes of importance: Incubation

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) L. J. Schufeldt, M. D.
(Address) Warrensburg, Mo

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 22 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

