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 22 1933

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

Do not use this space.

12717

1. PLACE OF DEATH
County Clay — Registration District No. 201 — File No.
Township — Primary Registration District No. 3012 — Registered No. 48
City Liberty (No. , St. Ward)

2. FULL NAME Louise Wilson Miller

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Robert H. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 7-1847

7. AGE YEARS 85 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

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. Self.
10. Date deceased last worked at this occupation (month and year) 1 yr
11. Total time (years) spent in this occupation 60.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co. Mo.

FATHER
13. NAME John Wilson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Estill Co. Ky

MOTHER
15. MAIDEN NAME Elizabeth Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester Co. Ky

17. INFORMANT (ADDRESS) Mrs A. V. Dye Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE 5/2 1933 Fairview

19. UNDERTAKER (ADDRESS) Church - Archer Co Liberty Mo

20. FILED 5/10/33 Wm H Goodson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to April 30, 1933
I last saw her alive on April 30, 1933. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

Old age & general debility. 16 [illegible]

Date of onset

Other contributory causes of importance: General debility - increasing for a year

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) John H Rathwell, M. D.
(Address) Liberty, Mo.