

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

Do not use this space.

13939

**1. PLACE OF DEATH**

County Miller Registration District No. 561  
 Township Saline Primary Registration District No. 3755-1  
 City Near Eldon (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 20

**2. FULL NAME**

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas HB Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28, 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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)	<u>Miller County Mo.</u>	
FATHER	13. NAME <u>Calvin J Indell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Sarah</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	17. INFORMANT <u>Earnest Miller</u> (ADDRESS) <u>Eldon, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>mt Pleasant Cem</u> DATE <u>4-15</u> 19 <u>33</u>		
19. UNDERTAKER <u>Louis D Phillips</u> (ADDRESS) <u>Eldon, Mo</u>		
20. FILED <u>4-15</u> 19 <u>33</u> <u>Belle Haynes</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1933

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1933 to 4/13 1933  
 I last saw him alive on 4/12 1933 Death is said to have occurred on the date stated above, at 11:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
IIA Hypostatic Pneumonia Date of onset 4/10/33  
IIIB Influenza 110  
 Other contributory causes of importance: Influenza 3/24/33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) G. D. Warren, M. D.  
 (Address) Eldon 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

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WHITE COPY, WITH UNPAID INK—THIS IS A PERMANENT RECORD

