2 Miller

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

Do not use this space.

File No. 14187

Registered No.

1. PLACE OF DEATH
County: Pike
Township: Buffalo
City: (No. Lick Valley St. Ward)
Registration District No. 689
Primary Registration District No. 5917

2. FULL NAME Laura Ann Traynor Miller

(a) Residence, No. Lick Valley 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-69

7. AGE: Years 64 Months 0 Days 6 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.
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) Pike Co Mo

FATHER
13. NAME Tom Traynor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Rozerine Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT Mrs Vic Muff
(ADDRESS) Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Buffalo Pike Co DATE 4/10 33

19. UNDERTAKER F C Haley
(ADDRESS) Louisiana Mo

20. FILED 4/9 1933 F C Haley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-10 1932, to 4-8 1933
I last saw h. alive on 4-8 1933. Death is said to have occurred on the date stated above, at 1:45 p. m.
The principal cause of death and related causes of importance were as follows:

Anemia Pernicious — Date of onset

Other contributory causes of importance:

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) H H Miller, M. D.
(Address) Louisiana Mo

MAY 22 1933

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.

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