

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township _____
City Springfield (No. _____)

Registration District No. 318
Primary Registration District No. 2001

File No. 16297
Registered No. 425
Ward _____

2. FULL NAME Lenoir Marie Miller

(a) Residence, No. Aurora Mo 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 12-1905		
7. AGE YEARS 27	MONTHS 6	DAYS 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher		
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) Independence, Kans.

13. NAME Thos. D. Miller

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

15. MAIDEN NAME Lenoir Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ash Co. N. Carolina

17. INFORMANT (ADDRESS) Rufus J. Miller
Aurora, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE 5-26-1933

19. UNDERTAKER (ADDRESS) J. F. King
Aurora, Mo.

20. FILED 5-26-1933 Ralph H. Langston Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1933, to May 24, 1933

I last saw him alive on May 24, 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:

Traumatic Pneumonia Date of onset May 22

Other contributory causes of importance:

Shock & internal injuries - auto crash 68 - at Conway Mo. May 22

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 22 1933

Where did injury occur? Conway Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway No. 66

Manner of injury Head and collar

Nature of injury Shock - Internal

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Shiloh Smith M. D.

(Signed) _____ (Address) Springfield Mo

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.

JUN 22 1933

29-1-10

