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.

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 22858
Township Springfield — Primary Registration District No. 200 — Registered No. 507
City Springfield (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME Betty Jean Miller
(a) Residence, No. Springfield Mo. St. R #3, 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 ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1923
7. AGE YEARS 10 MONTHS 2 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Mo.

FATHER
13. NAME J. E. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Fay Cavin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) E. C. Mills 930, W. Calhoun Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Glen Lawn Cemetery DATE July 3, 1933
19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.
20. FILED 7-3, 1933 Ralph W. Bangston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1933
22. I HEREBY CERTIFY, That I attended deceased from June 2-23, 1933, to July 1, 1933
I last saw her alive on July 1, 1933. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:
Blood Stream infection from Acute Suppurative Mastoid itis
89B
36
89B
Date of onset

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 6-28-33
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?
If so, specify
(Signed) E. L. Rosebery, M. D.
(Address) Springfield, Mo.