

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

Do not use this space.

22956

**1. PLACE OF DEATH**

County Wheeler Registration District No. 365  
 Township Wheatland Primary Registration District No. 5511  
 City Wheatland, Mo.

File No. 9  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Wheatland, Mo. 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 wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5, 1841

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	91	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping  
 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) Mo

13. NAME Wm Dickerson

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

15. MAIDEN NAME Sarah Blakemore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Elizabeth Sibert  
 (ADDRESS) Wheatland Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Cory Cem DATE July 13, 1933

19. UNDERTAKER A. S. Johnston  
 (ADDRESS) Wheatland Mo

20. FILED July 13, 1933 Mrs. A. S. Johnston  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1935, to July 12, 1933

I last saw her alive on July 10, 1933 Death is said to have occurred on the date stated above, at 6:00 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Date of onset unknown)  
23 R 23 L  
 Other contributory causes of importance ✓

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Microscopic 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 ✓, 1933

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) A. S. Johnston, M. D.  
 (Address) Wheatland 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.

2023 20

1  
2  
20

