

WHITE PRINTING, 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.

AUG - 6 1933

Wayne Carter, Registrar

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

Do not use this space.

25387

1. PLACE OF DEATH
 105 County Sullivan
 Township Jackson
 City Jackson (No. 6524)
 Registration District No. 852
 Primary Registration District No. 6524
 File No. 25387
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME Mary Melissa Miller
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1850
 7. AGE YEARS 83 MONTHS 6 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Gold Cross, Va.
P.O. District
 13. NAME William C. Simmons
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland
 15. MAIDEN NAME Jessie H. Schnell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT Adelife Halliburton
 (ADDRESS) Pollock, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fay, Okla DATE _____ 19____
 19. UNDERTAKER C. A. Sappens
 (ADDRESS) Pollock, Mo.
 20. FILED 8/11 19____ Wayne Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1933
 22. I HEREBY CERTIFY That I attended deceased from July 1, 1933, to July 24, 1933
 I last saw her alive on July 23, 1933. Death is said to have occurred on the date stated above, at 5:20 m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Hypertrophy Date of onset not known
Chronic nephritis Primarily
Muscular Rheumatism years
Cardiac Asthma
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Physical 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) J. C. Roberts, M. D.
 (Address) Pollock, Mo.

1/10/0