

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

Do not use this space.

26601

1. PLACE OF DEATH
 County Jackson Registration District No. 388
 Township Kaw Primary Registration District No. 1000
 City K.C.Mo. (No. 3629 Wyandotte St. 3352 Ward)

2. FULL NAME Mrs. Lena Miller
 (a) Residence, No. 3629 Wyandotte 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1856

7. AGE YEARS 76 MONTHS 8 DAYS 9 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) Missouri

13. NAME David Crockett

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

15. MAIDEN NAME Catherine Hampton

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

17. INFORMANT Mrs. David C. Branham (ADDRESS) 3629 Wyandotte, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE Aug. 23-33, 1933

19. UNDERTAKER R. V. Lindsey & Sons, Inc (ADDRESS) K.C.Mo.

20. FILED 8/22 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1932, to Aug 21, 1933.
 I last saw her alive on Aug 19, 1933. Death is said to have occurred on the date stated above, at 5 AM.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach. Date of onset

Other contributory causes of importance: None

Name of operation None Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) Delora G. Williams, M. D.
 (Address) 806 Park Blvd.

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.

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