

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Dry Creek
City (No.)

Registration District No. 387
Primary Registration District No. 5540

File No. 32903
Registered No. 13
St. Ward)

2. FULL NAME

Rozine Miller

(a) Residence. No. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Miller</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 6, 1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAY <u>25</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Home maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Cura Home</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont.

10. NAME OF FATHER K. Walker.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Don't know.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Do not know.

14. INFORMANT (Address) Henry Miller Poinsett MO

15. FILE # 19 1933 Matie D. Farmer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-31-1933

17. I HEREBY CERTIFY, That I attended deceased from October 31, 1933 to October 31, 1933. that I last saw her alive on October 31, 1933, and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis
Cardio Renal.
13 1/2 (duration) 13 (duration) about 2 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cardiac dilatation (duration) about 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

20. WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) W. D. Cox, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mackey Cemetery DATE OF BURIAL 1933

20. UNDERTAKER Z. R. Burns ADDRESS Poinsett MO.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 10 1933

PARENTS

