

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

Do not use this space.

File No. **36324**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Howard Registration District No. 376
Township Poplar Primary Registration District No. 4228
City Beaumont Mo (No. _____ St. _____ Ward _____)
2. FULL NAME Nancy Lewis 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 20 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>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Not Married</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1863</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>3</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home work</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm Home work</u>			
	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) <u>Saline County Missouri</u>				
FATHER	13. NAME <u>J. K. Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
MOTHER	15. MAIDEN NAME <u>Elizabeth Kiser</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Saline County Missouri</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Ada Miller Beaumont Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Howard County</u> DATE <u>11-20</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>A. H. Oldaker Beaumont Mo</u>				
20. FILED <u>Nov 28</u> 19 <u>33</u> <u>W. M. Dickerson</u> (Address) <u>Beaumont Mo</u> Registrar.				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1933

22. I HEREBY CERTIFY That I attended deceased from June 1933 to Nov 26 1933
I last saw her alive on Nov 26 1933. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:
Carcinoma
Date of onset Nov 23

Other contributory causes of importance: old age
53E
46E
16E

Name of operation None Date of _____
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. _____

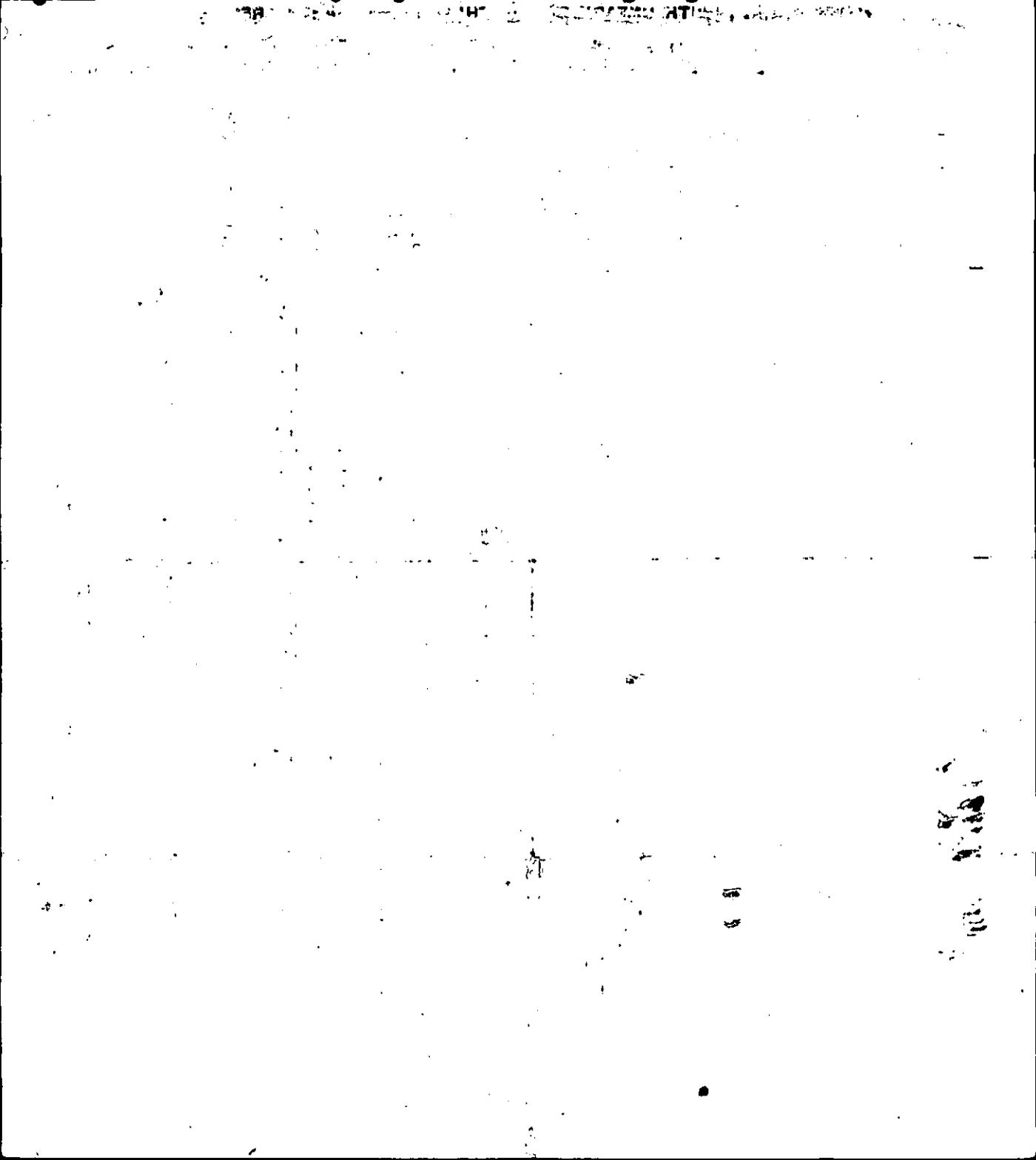
Manner of injury None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. L. Carl, M. D.
Beaumont 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.

1004
114
113
112



5-36224