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.

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

Do not use this space.

36590

File No. 4512
Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo. (No. General Hospital St. Ward)

2. FULL NAME Mrs. Ocie Miller

(a) Residence, No. 4711 Summit 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas. G. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26-1870

7. AGE: YEARS 63 — MONTHS 1 — DAYS 20 — If LESS than 1 day, hrs. or min.

OCCUPATION
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): Ohio

FATHER
13. NAME: John Callahan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Betty Ann Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Chas. G. Miller, 4711 Summit, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL: Nov. 18-33
PLACE Highland Park DATE 19

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

20. FILED Nov. 17 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Crowe, 19
I last saw A live on , 19 Death is said to have occurred on the date stated above, at A m.
The principal cause of death and related causes of importance were as follows:

Carbolic acid poisoning — Date of onset
1630

Other contributory causes of importance:
No

Name of operation Autopsy 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 Suicide Date of injury 11/16/33
Where did injury occur? 4711 Summit Kcmo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury Drank Carbolic acid
Nature of injury Poison

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M.D.
(Address) Kcmo