

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.

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

Do not use this space.

39542

277

JAN 26 1934
2005

PLACE OF DEATH

County *Colt*

Registration District No. *213*

File No.

Township

Primary Registration District No. *3014*

Registered No.

City *Jefferson City Mo.*

(No. _____)

St.

Ward

2. FULL NAME *Leona Miller*

(a) Residence, No. *809 E Elm* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 13*, 19*33*

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

22. I HEREBY CERTIFY, That I attended deceased from *Oct 30*, 19*32*, to *Dec 13*, 19*33*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 27 - 1881*

I last saw her alive on *Dec 12*, 19*33*. Death is said to have occurred on the date stated above, at *10:30 A.M.*

7. AGE YEARS *53* MONTHS *10* DAYS *14* If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

PARENOMA Left BREAST with METASTASIS to LUNGS AND BONES. PHX. HT. EXTENSIVE METASTASIS. CHY. GASTRITIS

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Other contributory causes of importance: *Aortic RUPTURE with EDEMA of lower EXTREMITIES. SECONDARY ANEMIA.*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Name of operation *Amputation Lt Breast* Date of *1927*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chambers Co. Ga.*

What test confirmed diagnosis? *Biopsy* Was there an autopsy? *No*

13. NAME *Alford Wilmore*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dartmouth*

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME *Louise Kemp*

Manner of injury _____ Nature of injury _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dartmouth*

24. Was disease or injury in any way related to occupation of deceased? *No* If so, specify _____

17. INFORMANT *Moses Miller* (ADDRESS) *J. E. 200*

(Signed) *R. EAYL BRAND*, M. D. (Address) *215 1/2 Jeffers St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New City Cemetery* DATE *12/15/33*

19. UNDERTAKER *J. D. Handman* (ADDRESS) *J. E. 200*

20. FILED *12/30/33* 19 *33* *R. W. Bedford* Registrar.

