

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

Do not use this space.

1802A

B 27 1934  
5-8

**1. PLACE OF DEATH**

County Linn Registration District No. 496  
Township \_\_\_\_\_ Primary Registration District No. 3025  
City Brookfield (No. 213 N. Livingston St. 2 Ward)

**2. FULL NAME** Mrs. Emma L. Miller

(a) Residence, No. 213, N. Livingston, 2 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 (Use full word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1878

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>55</u>	<u>1</u>	<u>3</u>	

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) Callao, Mo.

13. NAME Samuel Warmouth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

15. MAIDEN NAME Ellenor Gates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not Know  
Do not know

17. INFORMANT (ADDRESS) John I. Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE 1/2/34, 1934

19. UNDERTAKER (ADDRESS) Brookfield

20. FILED 1/2/34, 1934 J. Whucas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 29th Dec, 1933, to Jan 31, 1933

I last saw her alive on 31 Dec, 1933. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Cerebral Hemorrhage  
(apparently)  
Date of onset 12/21/33

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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 \_\_\_\_\_, 1933

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) J. H. H. Patterson

(Address) Brookfield Mo

NEEDS OF CHANGING JAVASCRIPT - V1

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