

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County CallawayRegistration District No. 104Township JunctionPrimary Registration District No. 3008City Junction (No.)

St. Ward)

File No. 4146Registered No. 322. FULL NAME Helen Miller (Miller)(a) Residence, No. Adessa Mo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. - 3 mos. 3 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) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 80 d.k. d.k.8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housekeeper

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) Don't know 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cook Co Illinois13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Wayne Miller (ADDRESS) Adessa, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Adessa Mo DATE 2/28/3419. UNDERTAKER Bliss & Son (ADDRESS) Adessa Mo20. FILED Feb 27 1934 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27, 1934I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Feb 26, 1934I last saw her alive on 2-26, 3:15 1934 Death is said to have occurred on the date stated above, at 5 am.

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

Bronchopneumonia Date of onset10:11 AM1934

Other contributory causes of importance:

General arterio-sclerosisosis

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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) Joseph P. Galy M. D.(Address) State HospitalJunction, Mo

