

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.

MAR 24 1934

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

Do not use this space.

5062

1. PLACE OF DEATH  
 County Johnson Registration District No. 888  
 Township Beane Primary Registration District No. 8003  
 City Beane Mo (No. 5-712 Blue St) St. Beane Ward 1  
 2. FULL NAME Ethel B. Miller  
 (a) Residence, No. 5-712 Blue St St. Beane Ward. 1  
 (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 Fe 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Miller  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16 - 1886  
 7. AGE YEARS 48 MONTHS 10 DAYS 1 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Unknown  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
 17. INFORMANT (ADDRESS) Henry J. Miller  
 18. BURIAL, CREMATION, OR REMOVAL (PLACE) (DATE) Beane Mo Feb 19 1934  
 19. UNDERTAKER (ADDRESS) W. H. Russell  
 20. FILED 19 1934 m. m. Beane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19 1934  
 22. I HEREBY CERTIFY, That I attended deceased from 2/7/1934 to 2/17/1934  
 I last saw him alive on 2/16/1934 Death is said to have occurred on the date stated above, at 4 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute interstitial nephritis Date of onset 2/7/34  
Acute Myo Carditis  
 Other contributory causes of importance:  
30  
 Name of operation None Date of None  
 What test confirmed diagnosis? None Was there an autopsy? None  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury None, 1934  
 Where did injury occur? None (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 None  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify None  
 (Signed) W. H. Russell, M. D.  
 (Address) 3231 E. 11th

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