

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

Do not use this space.

MAR 24 1934

6002

1. PLACE OF DEATH

County De Witt Co Registration District No. 611
 Township North Fork Primary Registration District No. 3032
 City North Fork

File No. 46-
 Registered No. 658
 St. _____ Ward _____

2. FULL NAME

Martha May J. Miller
 (a) Residence, No. _____ 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Edward Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21, 1877</u>		
7. AGE YEARS <u>56</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Centerton, Ky</u>		
FATHER	13. NAME <u>W D Zucker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lancaster, Ky</u>	
MOTHER	15. MAIDEN NAME <u>Salome Gentry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Banks Co, Mo</u>	
17. INFORMANT (ADDRESS) <u>Mr. J. G. Miller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ant. Reformatory</u> DATE <u>7/10/1934</u>		
19. UNDERTAKER (ADDRESS) <u>C. A. Root</u>		
20. FILED <u>2-9-</u> 19 <u>34</u> <u>Jean Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1934
 22. I HEREBY CERTIFY, That I attended deceased from 2-6, 1934, to 2-8, 1934
 I last saw her alive on 2/8, 1934 Death is said to have occurred on the date stated above, at 11:35 a.m.
 The principal cause of death and related causes of importance were as follows:

acute gangrenous appendicitis ruptured
 Other contributory causes of importance: 12/10
 Name of operation Appendectomy Date of 2/7/34
 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? no Date of injury _____, 19____
 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) W. D. Taylor, M. D.
 (Address) De Witt Co

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Full name should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

