

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

Do not use this space.

**1. PLACE OF DEATH**

County Cedar  
Township Union  
City (No. ....) St. .... Ward .....

Registration District No. 165  
Primary Registration District No. 5231

File No. 8212  
Registered No. 53

**2. FULL NAME**

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 73

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
59 10 10

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

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 COUNTY) Grundy Iowa

13. NAME Samuel P. Body

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Penn

15. MAIDEN NAME Ellen Bernard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Penn

17. INFORMANT Charley Miller  
(ADDRESS) Stackton Mo.

18. BURIAL, CREMATION, OR REMOVAL cedar bluff cmt  
PLACE Cedar Co Mo DATE 3/25 1934

19. UNDERTAKER Mitchell & Son Co  
(ADDRESS) Jarvis Spgs Mo

20. FILED Apr 10, 1934 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-18, 1934 to 3-24, 1934

I last saw her alive on 3-20, 1934 Death is said to have occurred on the date stated above, at 5:30 m.

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

Chronic Bright Disease + cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Date of

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? 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) A. J. Russell, M. D.  
(Address) Stackton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Cedar  
Township Denn  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 165  
Primary Registration District No. 5231

File No. afu 10 1934  
Registered No. 53

**2. FULL NAME**

Mary Addie Miller

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 73

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
<u>59</u>	<u>10</u>	<u>10</u>	<u>10</u>	

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

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) Grundy county, Mo.

FATHER 13. NAME Jarnuel P Body

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER 15. MAIDEN NAME Ellen Beard

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Charley Miller, Cedar Bluffs, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Bluffs DATE 3-25 1934

19. UNDERTAKER (ADDRESS) W. A. Brown, Cedar Bluffs, Mo

20. FILED Apr 10 1934 W. A. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1934, to 3-24 1934

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_ m. \_\_\_\_\_

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

Chronic Bright's disease & cerebral hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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. A. Brown M. D.  
(Address) Cedar Bluffs, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH TO BE CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. PHYSICIANS SIGNATURE REQUIRED.

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