

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Pettis Registration District No. 668
Township Sedalia Primary Registration District No. 3032
City Sedalia (No. R.F.D. #6) St. _____ Ward _____

File No. 13794
Registered No. 136
468 Ward _____

2. FULL NAME

(a) Residence, No. R.F.D. #6 St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. H. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 - 1853</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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)
Mo

13. NAME Jessie Renfrover

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

15. MAIDEN NAME Ann McTealf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
No. Date

17. INFORMANT Beit Miller
(ADDRESS) Greenside R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roy Bowen DATE 4-19-1934

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sedalia

20. FILED 4-19-1934 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934, to April 18, 1934

I last saw her alive on April 15, 1934 Death is said to have occurred on the date stated above, at 12:30 m.

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

Coronary thrombosis
at hepatic flexure
466
131
46

Other contributory causes of importance:
Chronic arteriosclerotic nephritis
arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? Chrom Was there an autopsy? NO

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? no

If so, specify _____

(Signed) Charles Miller, M. D.

(Address) Sedalia Mo

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.

WHILE PEARLIE WITH ON-APRIL 1934 THIS IS A FURNISHED RECORD

