

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.

JUN 27 1934

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

Do not use this space.

19205

**1. PLACE OF DEATH**

County Stoddard  
Township Liberty  
City (No. ....) St. .... Ward

Registration District No. 836V  
Primary Registration District No. 6099a

File No. 42  
Registered No. 47

**2. FULL NAME**

Dawsey Ester Miller

(a) Residence, No. .... St. .... Ward. (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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 1932</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
	<u>1</u>	<u>7</u>	<u>15</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____			
	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 _____	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>			
	13. NAME <u>Walter Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>			
	15. MAIDEN NAME <u>Ransy Riddle</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stoddard Co. Mo.</u>			
	17. INFORMANT (ADDRESS) <u>Walter Miller</u> <u>Bernie Mo R 7 &amp; 1</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stephens Cem</u> DATE <u>5-31</u> 19 <u>34</u>				
19. UNDERTAKER (ADDRESS) <u>Dave J. Hopkins</u> <u>Bernie Mo</u>				
20. FILED <u>6/1</u> 19 <u>34</u> <u>Clarence Allen</u> Registrar.				

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/30 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/26 1934 to 5/30 1934  
I last saw him alive on 5/27 1934. Death is said to have occurred on the date stated above, at 10 m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia  
13C  
119B  
10/17  
Other contributory causes of importance:  
Dysentery

Name of operation 24 Clinical 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? 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. H. Bell M. D.  
(Address) Bernie Mo

Date of onset 5/27  
stroke



**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 Stoddard

Registration District No. 836

Township Liberty

Primary Registration District No. 6098a

City Waverly (No.       )

File No.       

Registered No. 42

St.        Ward       

**2. FULL NAME**

Waverly Estis 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)       

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 7 15

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

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)       

13. NAME       

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

15. MAIDEN NAME       

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

17. INFORMANT (ADDRESS)       

18. BURIAL, CREMATION, OR REMOVAL

PLACE        DATE        19

19. UNDERTAKER (ADDRESS)       

20. FILED 19        W. Lawrence Miller Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1934

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

I last saw him alive on       , 1934. Death is said to have occurred on the date stated above, at        m.

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

       (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       , 1934

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)       , M. D. (Address)       

**SUPPLEMENTARY**

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-19205