

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township Whitewater Primary Registration District No. 5183
City Miller (No.) St. Ward)

File No. 23554
Registered No. 32

2. FULL NAME

Namoi 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>F.</u>	4. COLOR OR RACE <u>white</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>J. F. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 20 - 1863</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>9</u>
	DAYS <u>28</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>Housekeeper</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.....	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/18/34 1934
22. I HEREBY CERTIFY, That I attended deceased from 7/14/1934, to 7/18/1934
I last saw her alive on 7/17, 1934. Death is said to have occurred on the date stated above, at 8:20 a.m.
The principal cause of death and related causes of importance were as follows:

1. Coronary thrombosis
2. Arteriosclerosis
with Hypertension
Date of onset 7/18/1924
Other contributory causes of importance 94 lb

Name of operation none Date of
What test confirmed diagnosis? .. 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) D. H. Seabaugh, M. D.
(Address) Jackson, Mo.

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Miller Mo.</u>
	13. NAME <u>Clara Leagley</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Travel Mo.</u>
	15. MAIDEN NAME <u>Levinia Smith</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sedgewickville Mo.</u>
	17. INFORMANT (ADDRESS) <u>J. F. Miller Miller, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grass Hill Mo.</u> DATE <u>July 21 1934</u>	
19. UNDERTAKER (ADDRESS) <u>C. G. Jackson Miller Jackson, Mo.</u>	
20. FILED <u>7-20</u> 19 <u>34</u> <u>D. G. Hubert</u> Registrar.	

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.

AUG 15 1934

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