

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

Do not use this space.

24921

1. PLACE OF DEATH

County Jackson
Township St. Louis
City Kansas City

Registration District No. 377
Primary Registration District No. St. Joseph's Hospital

File No. _____
Registered No. 521
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. North K.C. RR. #4 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 18

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

13. NAME Adley Cabert

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

15. MAIDEN NAME Percella Arnold

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

17. INFORMANT (ADDRESS) St. Joseph's Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE America City Mo DATE July 30, 1934

19. UNDERTAKER (ADDRESS) Beel & Butterfield

20. FILED 7-29-34 M. M. Cronin Registrar.

A MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934 to July 28, 1934
I last saw her alive on July 28, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

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

Heart exhaustion
Chronic nephritis
Heart failure
Date of onset 7/19/34
1/34
7/21/34
Other contributory causes of importance 191
305

Name of operation none Date of _____
What test confirmed diagnosis? Chemical 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? _____
If so, specify _____
(Signed) Harry R. Stealey, M. D.
(Address) North Kansas City, 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. AUG 21 1934

