

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

SEP 14 1934

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

Do not use this space.

28791

1. PLACE OF DEATH
 County Crawford Registration District No. 229
 Township Babone Primary Registration District No. 4139
 City Bourbon (No. _____) St. _____ Ward _____

2. FULL NAME Ora Belle 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>Female</u>	4. COLOR OR RACE <u>White</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 24-1918</u>		
7. AGE	YEARS	MONTHS
	<u>15</u>	<u>9</u>
		DAYS
		<u>21</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	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) <u>Smith MO</u> (STATE OR COUNTRY)		
MOTHER	13. NAME <u>William Gray Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Effret Illinois</u> (STATE OR COUNTRY)	
	15. MAIDEN NAME <u>Faney Edna Ford</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Effret Missouri</u> (STATE OR COUNTRY)	
17. INFORMANT <u>Mr. Roy Miller</u> (ADDRESS) <u>Bourbon MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bourbon MO</u> DATE <u>Aug 18 34</u>		
19. UNDERTAKER <u>Thos P. Shaffer</u> (ADDRESS) <u>Bourbon MO</u>		
20. FILED <u>8-15-34</u> <u>Orvadamo</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-15-34

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. 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:
Crowned accidentally Date of onset _____
while bathing
183 193
 Other contributory causes of importance:
Crowned bedch 123

23. 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) Albert Louis Brown
 (Address) Bourbon MO

