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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 21 1934

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

Do not use this space.

File No. 29645

Registered No. 187

1. PLACE OF DEATH
County Jackson — Registration District No. 400
Township — Primary Registration District No. 4235
City Lees Summit (No. ..., ... St. ... Ward)

2. FULL NAME Caroline Seymour Miller
(a) Residence, No. 312 Green St. 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. 4 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1871

7. AGE: YEARS 63 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm + garden Exchange ass.
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) March 1934
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St James Mo

FATHER
13. NAME Edward S Seymour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Culpepper Co Va.

MOTHER
15. MAIDEN NAME Lucie A Rodgers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Mo

17. INFORMANT (ADDRESS) Mrs George Nichols

18. BURIAL, CREMATION, OR REMOVAL
PLACE St James Mo DATE Aug 13. 1934

19. UNDERTAKER (ADDRESS) Lange Ford Lees Summit

20. FILED Aug. 11 1934 William T Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1934

22. I HEREBY CERTIFY That I attended deceased from June 19 1934, to August 11 1934, I last saw her alive on Aug 11 1934. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervical glands on left side of neck	

Other contributory causes of importance: None

53

Name of operation None Date of
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following No
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) F F Ragsdale, M. D.
(Address) Lees Summit Mo