

JAN 14 1935

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

Do not use this space.

44587

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis. (No. 2829S. 7th.) St. 24 Ward.....

File No.....
Registered No. 11695
St. Ward)

2. FULL NAME Zoda Miller.

(a) Residence, No. 2829 South 7th. St. 24 Ward..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 6 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>Married.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dave Miller.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July, 12, 1886.</u>		
7. AGE	YEARS	MONTHS
	<u>48</u>	<u>4</u>
		DAYS
		<u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>home.</u>		
10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....

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

13. NAME John Renston.

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

15. MAIDEN NAME Lucy Renston.

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

17. INFORMANT Rufus Bailey.
(ADDRESS) 2829 S. 7th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Clinton Ky. DATE Dec. 10. 1934

19. UNDERTAKER D. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave.

20. FILED 10 1934 19.....
J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-7 1934, to 12-10 1934
I last saw her alive on 12-8 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
936
1214
Other contributory causes of importance:
Date of onset ?

Name of operation none Date of.....
What test confirmed diagnosis? clinical 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. Jones M. D.
(Address) 3076 S. Rudy

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.

