

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD.

96
18
5
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.

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

Do not use this space.

JAN 23 1935

45396

1. PLACE OF DEATH
County St. Louis Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City. (No. 7505 Pershing av.) St. _____ Ward _____

File No. _____
Registered No. 139

2. FULL NAME Jean Carrington Miller,
(a) Residence, No. 7505 Pershing 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Indiscoverable
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Abt. 49
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Virginia

13. NAME F. D. Huston,

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

15. MAIDEN NAME Nanhio Carrington

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

17. INFORMANT Elliot S. Miller
(ADDRESS) 4907 Maryland av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE 12/5 1934

19. UNDERTAKER Robert J. Ambrosia Inc
(ADDRESS) Clayton Road at Concordia Lane

20. FILED Dec. 7 1934 Lena V. Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 4th, 1934

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 12:05 PM

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

Suicide; Shot self thru chest, bullet entering at left nipple and emerging in the back. (.38 caliber revolver), destroying heart.
Date of onset _____
Other contributory causes of importance: _____
Verdict of Jury: From a self-inflicted, gunshot wound, and in the subsequent and willful

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Sub. B. Turner 12/5/34
(Address) 2718 Jennings Rd
Crown Point, Co., Mo.

murder of her supposed rival,
Grace Delaney.