

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.

MAY 29 1935

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

Do not use this space.

13238

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township ~~South~~ Primary Registration District No. 2002
 City Joplin (No. 3014 E 9th) St. _____ Ward _____

2. FULL NAME

Edna Miller
 (a) Residence, No. 3014 E 9th 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 5 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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 15

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.

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) Saginaw Mo

13. NAME Samuel Merritt

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

15. MAIDEN NAME Jucinda Snow

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

17. INFORMANT (ADDRESS) George Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Saginaw, Mo DATE April 5 1935

19. UNDERTAKER (ADDRESS) Samuel Martens

20. FILED 4-5 1935 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd 1935

22. I HEREBY CERTIFY, that I attended deceased from April 1 1935 to April 7 1935
 I last saw him alive on April 1 1935 Death is said to have occurred on the date stated above, at 2 a.m.

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

Other contributory causes of importance:
No record

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) W. E. Smith M. D.
 (Address) Joplin Mo

Craig