

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

Do not use this space.

15425

**1. PLACE OF DEATH**

County WORTH

Township WORTH

City WORTH

Registration District No. 6

Primary Registration District No. 6

File No. 15425

Registered No. 15425

St. Mo Ward. Mo

**2. FULL NAME** CORDIA MILLER

(a) Residence, No. —

(Usual place of abode)

St. —

Ward. —

ELMO MO

Length of residence in city or town where death occurred

yrs. 5

mos. 5

ds. 5

How long in U. S., if of foreign birth?

yrs. —

mos. —

ds. —

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

FEM

**4. COLOR OR RACE**

W

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

MARRIED

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OF  
(OR) WIFE OF

JAMES E MILLER

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

APR 4 1881

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

54

—

17

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

HWE

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)**

MISSOURI

FATHER

13. NAME ANDREW HORN

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

MOTHER

15. MAIDEN NAME MARTHA E. GRAVES

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

17. INFORMANT ARNOLD E MILLER  
(ADDRESS) ELMO MO

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE ELMO MO DATE —, 19—

19. UNDERTAKER CLARK HORN  
(ADDRESS) ELMO MO

20. FILED H-21, 1935 J. W. Miller  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
APR 19, 1935, to APR 21, 1935

I last saw him alive on APR 20, 1935. Death is said

to have occurred on the date stated above 5:25 P.M.

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

Endocarditis Chronic

Date of onset

Other contributory causes of importance

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, 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)

(Address)

J. W. Miller  
Worth Mo

X DO

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.

