JUL 2 2 1935

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

Do not use this space.

19921

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas (No. K. C. General Hospital St. Ward)

2. FULL NAME Sallie Miller

(a) Residence, No. 283I Denver 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2I, I856

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 78 | 7 | ~~10~~ | |

OCCUPATION

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

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 J. W. Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent Mo.

MOTHER

15. MAIDEN NAME Suzan Leavo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kent Mo.

17. INFORMANT (ADDRESS) Record Clerk K. C. Gen. Hospital

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Hardin Mo. DATE 6-24-35, 19

19. UNDERTAKER (ADDRESS) Peter B. Lapetina 536 Campbell St.

20. FILED 6/24 1935 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 20, 1935. Last saw her alive on June 19, 1935. Death is said to have occurred on the date stated above, at 5:25 A.m.

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

| | Date of onset |
|---|---|
| Broncho pneumonia | June 18 1935 |

Other contributory causes of importance: none

10 7 00

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) Kenneth G. Davis, M. D.
(Address) 3301 Woodland Kansas City, Mo.

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.