NOV 21 1935

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

Do not use this space. 32656

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township KcW — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 5804 Thomson Ave St. Ward)

2. FULL NAME Bernice Miller
(a) Residence, No. 5804 Thomson Ave St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct/5/35

7. AGE — YEARS — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Mo.

FATHER
13. NAME Henry Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Josephine Kaiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri.

17. INFORMANT Henry Miller
(ADDRESS) 5804 Thomson Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's DATE Oct/7/35 19

19. UNDERTAKER Shell Funeral Home
(ADDRESS) 6606 Independence Ave

20. FILED 10/7/ 1935 W. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1935 19 to Oct 5 1935
I last saw her alive on Oct 5, 1935. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Cardio Vascular Insufficiency — Date of onset

Other contributory causes of importance:
Premature Birth 6 1/2 months

Name of operation — Date of
What test confirmed diagnosis? — 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?
If so, specify
(Signed) Dr Frank C. Ogle M. D.
(Address) 4316 Ogden St.

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.

100M-11-24-33