

MAR 16 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. Missouri Methodist Hospital

File No. 4740

Registered No. 285

St. Ward)

## 2. FULL NAME

Catherine Susan Miller

(a) Residence, No. 1513 Faraon 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 10 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 Charles T. Miller		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1854		
7. AGE	YEARS 81	MONTHS 2
	DAYS 1	IF LESS than 1 day, hrs. or min.
OCCUPATION	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) Andrew Co., Mo.		
FATHER	13. NAME Thos. Brooks Gordon	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tenn.	
MOTHER	15. MAIDEN NAME Margaret Fulkerson	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.	
17. INFORMANT Mrs. Chas. E. Miller (ADDRESS) Los Angeles, Cal.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE Feb. 28, 1936		
19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St. Joseph, Mo.		
20. FILED 1592-111-19 John H. Borden, Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1936 .19

I HEREBY CERTIFY, That I attended deceased from Dec 1935 to Feb 26 1936

I last saw h. or alive on Feb 26 1936 Death is said

to have occurred on the date stated above, at 9.30 m. A.M.

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

Prostipnea of Gall bladder Date of onset May 1933

- cholecystotomy done

Other contributory causes of importance: Carcinoma of Gall bladder - '935

Name of operation Cholecystotomy Date of operation Dec 1935

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? No

If so, specify

(Signed) L. B. Searcy, M. D.

(Address) Rock Island Bldg, St. Joseph, 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.

WHITE LABEL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

