

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

Do not use this space.

18778

JUN 7 1936

1. PLACE OF DEATH

County Cape
Township Cape Girardeau
City Cape Girardeau (No. 120)

Registration District No. 120
Primary Registration District No. 3009
M. Thomas Hospital

File No.
Registered No. 147
St. Ward

2. FULL NAME

Esie Mae Miller

(a) Residence, No. St. Ward. Lee Forge, Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2-ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. S. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16 - 1894</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>7</u>
	DAYS <u>18</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	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) <u>Cleveland County, Mo</u>		
FATHER	13. NAME <u>Este Jackson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland County, Mo</u>	
MOTHER	15. MAIDEN NAME <u>Zone Cole</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland County, Mo</u>	
17. INFORMANT (ADDRESS) <u>J. Matthews, no post</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>new modus</u> DATE <u>May 5 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Cleveland Trust Co., new modus, Mo.</u>		
20. FILED <u>1-4-36 J.M. Thompson Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1936 to 5/4, 1936
I last saw her alive on 5/4, 1936 Death is said to have occurred on the date stated above, at 2:50 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral Anoxemy
Nephritis (Ch)
Date of onset

Other contributory causes of importance:
NONE

Name of operation NONE Date of operation

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?

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) Arthur, M. D.
(Address) Cape Girardeau, Mo

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.

