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.

JUL 21 1936

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

Do not use this space.

22625

File No.
Registered No.

1. PLACE OF DEATH
County: Grundy
Township: Trenton
City: Trenton (No. ..., St. ..., Ward)
Registration District No. 328
Primary Registration District No. 3017

2. FULL NAME: Anna Novelyn Miller
(a) Residence, No. Kitty Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 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): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mr. Harry Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5, 1906
7. AGE: Years 30 Months 1 Days 8 If LESS than 1 day, ...hrs. or ...min.

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

FATHER
13. NAME: Isaac Martin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salem, Mo

MOTHER
15. MAIDEN NAME: Charity Logsdon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grenola, Ka

17. INFORMANT (ADDRESS): Mr. Harry Miller
18. BURIAL, CREMATION, OR REMOVAL PLACE: Maple Grove Cemetery DATE: June 14, 1936
19. UNDERTAKER (ADDRESS): Hemley Funeral Home
20. FILED: 6-14, 1936 Irene L. Fair, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1936
22. I HEREBY CERTIFY, That I attended deceased from January 15th, 1936, to June 13th, 1936
That I saw her alive on June 13th, 1936. Death is said to have occurred on the date stated above, at 2:00 A.m.
The principal cause of death and related causes of importance were as follows:
Sarcoma of Left Sacro-Iliac Joint — Date of onset Nov. 1935
Other contributory causes of importance:
Name of operation: Biopsy of Joint Date: March 1936
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) Oliver F. Duffy, M. D.
(Address) Trenton, Missouri