

JUL 16 1936

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

Do not use this space.

25454

1. PLACE OF DEATH

County Bearys  
Township Ward  
City (No. ....) St. .... Ward)

Registration District No. 43  
Primary Registration District No. 5117

File No. ....  
Registered No. ....

2. FULL NAME

Martha Jane Miller

(a) Residence, No. .... St. .... Ward. ....

(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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1860

7. AGE 75 YEARS 11 MONTHS 25 DAYS If LESS than 1 day, .... hrs. or .... min.

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) Barney Mo Mo

13. NAME William Stott

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

15. MAIDEN NAME Amanda Moore

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

17. INFORMANT (ADDRESS) Harry Miller 120 W. 11th, H 3140

18. BURIAL, CREMATION, OR REMOVAL PLACE Brainerd DATE July 9 1936

19. UNDERTAKER (ADDRESS) G B Beatty & Son 1111

20. FILED 7-9 1936 Harvey B. Wilber Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1936

22. I HEREBY CERTIFY That I attended deceased from .....

....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said

to have occurred on the date stated above, at .....

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

Cardio-Renal-vascular Date of onset

.....

.....

.....

Other contributory causes of importance:

.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) O. G. Decret M. D.

(Address) P. Lamar mo

