

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.

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

Do not use this space.

33430

1. PLACE OF DEATH

County Wernon

Registration District No. 875

Township

Primary Registration District No. 3039

City Nevada (No. ....)

File No. ....  
Registered No. 2131 Ward

2. FULL NAME

(a) Residence, No. 1115 S. Lash

St. Mo. Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
53 11 4

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

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) Missouri

13. NAME David Cresley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Missouri

15. MAIDEN NAME Mary Ann Meredith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known Missouri

17. INFORMANT Myrtle Hendrix (ADDRESS) Nevada Mo

18. BURIAL, CREMATION, OR REMOVAL Wernon Cemeter DATE Aug 19-1936

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada Mo

20. FILED Aug 8 1936 Maichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1936

22. I HEREBY CERTIFY That I attended deceased from 9/19 1936, to 8/8 1936

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 a m.

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

Acute Pancreatitis 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) J. M. Yahn M. D.

(Address) Nevada

AUG 11 1953