

FEB 17 1937

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

Do not use this space.

1850

1. PLACE OF DEATH  
 49 County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 7 Township \_\_\_\_\_ Primary Registration District No. 2003 Precinct No. \_\_\_\_\_  
 3 City Joplin (No. Treman Hospital) Street No. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jane Henderson Miller  
 (a) Residence, No. 1327 Pennsylvania (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1857

7. AGE YEARS 84 MONTHS 7 DAYS 19 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 230

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1937

22. HEREBY CERTIFY That I attended deceased from Jan. 10 1937 to Jan 16 1937  
 I last saw her alive on Jan 16 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Hypertatic pneumonia Date of onset 1-9-37

Other contributory causes of importance Unusual fracture of pelvis 1932?  
fracture left foot 1-12-37

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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) O. T. Teague \_\_\_\_\_ M. D.  
 (Address) 725 Third St. Joplin, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Albert Jackson

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

15. MOTHER'S NAME Harriet Todd

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

17. INFORMANT Frank Herron  
 (ADDRESS) 1327 Penn. Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Joplin DATE 1-18-37

19. UNDERTAKER Herron Funeral Home  
 (ADDRESS) Joplin, Mo.

20. FILED 17 1937 Ed D. Jones  
 Registrar.

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.

1-20314

