MAY 15 1937

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

Do not use this space.

15314

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1800
Township Raw — Primary Registration District No. 1100 — Registered No.
City K. C. Mo. (No. General Hosp. #2 St. 1 3rd Ward)

2. FULL NAME Lottie Lydia Miller 1
(a) Residence, No. 2012 Crospect St. Ward. (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 Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-22-1884

7. AGE 25 — YEARS 52 — MONTHS 4 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dress Concern
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) Mo.

FATHER
13. NAME Geo. Tevebaugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Frances Unf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Record Clerk General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE 4-19 1937

19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12th

20. FILED Apr 19 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1937, to 4-15, 1937
I last saw her alive on 4-15, 1937 Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset

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Other contributory causes of importance:
Essential Hypertension

Name of operation Clinical Date of
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) [signature] M. D.
(Address) General Hosp. #2

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.