MAY 18 1937

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

Do not use this space.

1. PLACE OF DEATH

20 County Cedar — Registration District No. 163 — File No. 15997

1 Township — Primary Registration District No. 4095 — Registered No. 27

2 City ElDorado Springs (No. ..... St. ..... Ward)

2. FULL NAME Naomi Miller

(a) Residence, No. ..... 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept, 7 1883

7. AGE: 235

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

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): Filmore Co. Neb.

FATHER

13. NAME: Thomas Jefferson Bender
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford Penn

MOTHER

15. MAIDEN NAME: Mary Jane Rouser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bedford Penn

17. INFORMANT (ADDRESS): John Miller Sheldon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheldon DATE 4-20-1937, 19

19. UNDERTAKER (ADDRESS): G.B.Beeny & Son Sheldon Mo.

20. FILED 4-18-1937 J.W.Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18 1937

22. I HEREBY CERTIFY, That I attended deceased from July 28th, 1936, to April 18th, 1937

I last saw her alive on April 18th, 1937. Death is said to have occurred on the date stated above, at 10 a.m.

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

Abdominal Dropsy caused by Mitral Insufficiency

Date of onset

48

Other contributory causes of importance: Cancer of Pelvic organs, (Wonab)

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

What test confirmed diagnosis? Clinical 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? .....

If so, specify .....

(Signed) Chas. C. Cleaves, M. D.

(Address) Eldorado Springs Mo

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.

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