

Every item of information 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.

JUN 22 1937

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

Do not use this space.

20412

1. PLACE OF DEATH

County Jasper

Registration District No. 416

Township 10

Primary Registration District No. 4248

City Sarcoxie (No. 2)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alpha Celia Miller

(a) Residence, No. Sarcoxie, Missouri St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF none

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 8, 1861

7. AGE YEARS 76 MONTHS 3 DAYS 8 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. None  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (CITY OR TOWN) Rockford (STATE OR COUNTRY) Indiana

MOTHER, FATHER 13. NAME Alfred Miller

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

15. MAIDEN NAME Emily Mae Guild

16. BIRTHPLACE (CITY OR TOWN) Oxford (STATE OR COUNTRY) Ohio

17. INFORMANT Wm. B. Bowers (ADDRESS) Sarcoxie, Missouri

18. BURIAL PLACE Sarcoxie Cem. DATE May 19, 1937

19. UNDERTAKER Wm. C. Cole (ADDRESS) Sarcoxie, Missouri

20. FILED 5/18 1937 Leroy Simmons Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1937, to May 16, 1937. I last saw her or alive on May 16, 1937. Death is said to have occurred on the date stated above, at 4:20 PM.

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

Pulmonary Edema

Date of onset May 15/37

Other contributory causes of importance:

Acute Distention of Stomach

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? blinded 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) Wm. Simmons, M. D.

(Address) SARCOXIE, MISSOURI

May 16, 1937

February 8 - 1861

1937-5-16

1861-2-8

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76-3-8