

JUN 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 21094

Township Moberly

Primary Registration District No. 3034

Registered No. 152

City Moberly (No. ....) St. .... Ward)

2. FULL NAME Florence Miller

(a) Residence, No. 336 E. Red St. St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
45 4 14

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

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) Howard Co

13. NAME Wyatt Burtan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co

15. MAIDEN NAME Fannie Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co

17. INFORMANT Herman Miller (ADDRESS) Moberly Mo 336 E Red St

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE June 1 1937

19. UNDERTAKER Tom B. Burtan (ADDRESS) Humboldt Mo

20. FILED June 19 37 Etta O'Leary Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

I HEREBY CERTIFY, That I attended deceased from March 28, 1937, to May 29, 1937

I last saw her alive on May 28, 1937 Death is said

to have occurred on the date stated above, at 8:25 a.m.

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

Myocarditis

Date of onset

Other contributory causes of importance: Chronic Nephritis

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) H. H. Longdon, M. D.

(Address) Moberly Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

