

JUL 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 30  
Township Monett Primary Registration District No. 3003  
City Monett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 23085  
Registered No. 34

2. FULL NAME

Effie May Miller  
(a) Residence, No. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. D. E. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1871

7. AGE YEARS 66 MONTHS 7 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Equality, Kentucky

13. NAME George Reid

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

15. MAIDEN NAME Sons. Krohn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sons. Brown

17. INFORMANT (ADDRESS) Ms. Kellie Grimes Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 20 St. DATE June 13, 1937

19. UNDERTAKER (ADDRESS) Callaway Monett, Mo.

20. FILED 6-13-37 1937 W. N. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1937

I HEREBY CERTIFY That I attended deceased from June 10, 1937 to June 11, 1937  
I last saw her alive on June 11, 1937. Death is said to have occurred on the date stated above, at 11 P.M.

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

Over dose of Morphine Date of onset 6-10-37

Other contributory causes of importance: 16

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? Monett, Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Taken orally  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) L. P. Ferguson, M. D.  
(Address) Monett, Mo.

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.

