

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

Do not use this space.

JUL 31 1937

24633

1. PLACE OF DEATH

County *Pike*
Township *Madison*
City (No. _____) _____

Registration District No. *2025931*
Primary Registration District No. *4423*

File No. _____
Registered No. *7* St. _____ Ward _____

2. FULL NAME

Lessie Elizabeth 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-17, 1937*

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

22. I HEREBY CERTIFY, That I attended deceased from *6-1, 1936* to *6-17, 1937*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 14, 1872*

I last saw him alive on *6-16, 1937*. Death is said to have occurred on the date stated above, at *1-5 A.M.*

7. AGE YEARS *64* MONTHS *3* DAYS *3* If LESS than 1 day, _____ hrs. or _____ min.

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

Cardiovascular renal Syndrome Date of onset *7*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *H-W*

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 _____

Other contributory causes of importance: *131*

Cerebral apoplexy *1929*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stanton Mo.*

Name of operation _____ Date of _____

13. NAME *Jas. Younger*

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Emily Broyles*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Bob Miller*

Manner of injury _____

Nature of injury *!*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Shady Grove* DATE *6-20, 1937*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____

19. UNDERTAKER (ADDRESS) *Whitcham-Blues Bolivar Mo.*

(Signed) *Doyle McLean*, M. D.

20. FILED *6-18, 1937* *L. K. Hunt* Registrar.

(Address) *Bolivar Mo*

