

AUG 11 1937

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

Do not use this space.

26475

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1007  
City Kansas City (No. 908 Benton Blvd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2108  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Miss Jessie Ann Miller  
(a) Residence, No. 908 Benton St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 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 Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26, 1844

7. AGE YEARS 93 MONTHS 0 DAYS 8 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Edina, Mo.

13. NAME Jesse Johns

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

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Clarence B. Miller (ADDRESS) 908 Benton

18. BURIAL, CREMATION, OR REMOVAL buried DATE July 6, 1937

19. UNDERTAKER D. J. Newbould (ADDRESS) 1214 Grand

20. FILED July 5, 1937 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937 to June 27, 1937  
I last saw her alive on June 27, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
acute Dilatation of heart  
Date of onset \_\_\_\_\_

Other contributory causes of importance: arterio sclerosis

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? biopsy 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? no  
If so, specify \_\_\_\_\_  
(Signed) M. C. Connelly Anderson, M. D.  
(Address) 6022 Judson

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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908 Benton 1<sup>st</sup>  
805 NEWTON-

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J. J. C.