AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Francois
Township St. Francois
Near City Farmington, Mo. (No. ..... St. ..... Ward)

Registration District No. 773
Primary Registration District No. 6018A

File No. 28233
Registered No. 131

2. FULL NAME Mary Helen Miller
(a) Residence, No. Marble Hill, Mo. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown.

7. AGE: Years 38 | Months ? | Days ? | If LESS than 1 day, ... hrs. or ..... min.

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OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) Morley
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Harry Miller
14. BIRTHPLACE (CITY OR TOWN) Madison County
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ida Potter
16. BIRTHPLACE (CITY OR TOWN) Advance
(STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Baptist Cemetery Marble Hill, Mo. DATE July 27, 1937

19. UNDERTAKER Baker Funeral Home
(ADDRESS) Lutesville, Mo.

20. FILED 7/25, 1937 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from September, 1933, to July 25, 1937
I last saw her alive on July 25, 1937. Death is said to have occurred on the date stated above, at 4:17 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Praecox	
(Chronic Agitation)	

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Other contributory causes of importance:
Hyperinsulinism from Insulin Therapy for Dementia Praecox.

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) Lewis Graves, Jr., M. D., M. D.
(Address) State Hospital #4, Farmington, Missouri

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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