SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH
County Stoddard
Township Elk
City Canalou - Mo (No. ..... St. ..... Ward)

Registration District No. 11354587
Primary Registration District No. 5799A

File No. 32014
Registered No. 10

2. FULL NAME Fay Ellen Miller
(a) Residence, No. Canalou - 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 Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1937
7. AGE YEARS MONTHS 3 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Canalou Mo

FATHER
13. NAME Alfred Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bertrand Mo

MOTHER
15. MAIDEN NAME Cordil McDaniel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Ky.

17. INFORMANT (ADDRESS) Alfred Miller Canalou Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Matthews Cemetery DATE Aug 4th 1937
19. UNDERTAKER (ADDRESS) John Albritton Sikeston Mo
20. FILED Aug 4th 1937 Jas D Kochel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1937
22. I HEREBY CERTIFY, That I attended deceased from June 16 1937, to ....., 19....
I last saw her alive on July 28, 1937 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Colitis — Date of onset 6-8-37

Other contributory causes of importance:

119B

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) J. A. Best, M. D.
(Address) Canalou Mo.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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