

OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Andrew
Township Platt
City Leban (No. 1)

Registration District No. 13
Primary Registration District No. 3019

File No. 33526
Registered No. 11
St. _____ Ward _____

2. FULL NAME Sylvania Ruth Miller

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 - 1914

7. AGE YEARS 23 MONTHS 6 DAYS 27 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) Fillmore (STATE OR COUNTRY) Mo

13. NAME Winfield Stimpeth

14. BIRTHPLACE (CITY OR TOWN) Webster (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Jane Pohl

16. BIRTHPLACE (CITY OR TOWN) Harrison (STATE OR COUNTRY) Iowa

17. INFORMANT Frank Miller (ADDRESS) Rm #1 mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fillmore DATE 9-25-1937

19. UNDERTAKER E. C. Breit (ADDRESS) Savannah Mo

20. FILED Oct 9 1937 Mrs E C Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1937 to Sept. 1937

I last saw her alive on Sept. 23, 1937 Death is said to have occurred on the date stated above, at 12:40 a.m.

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

Pulmonary T. B. Date of onset Jan 37

Other contributory causes of importance: 23

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? no

If so, specify _____ (Signed) Dr. H. T. Kelly M. D.

(Address) Savannah 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.

