

OCT 27 1937

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

Do not use this space.

1. PLACE OF BIRTH

County

Township

City

Washington
Liberty

Registration District No.

Primary Registration District No.

887

6182

File No.

Registered No.

35583

2. FULL NAME

(a) Residence, No.

St.

Ward.

Dorothy Miller

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

F.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

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

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

Mar 23, 36

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

3

23

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)

Liberty Township

13. NAME

Ray Miller

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

Centerville

15. MAIDEN NAME

Givian Miller

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

Centerville Mo.

17. INFORMANT (ADDRESS)

Mrs Miller

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Centerville

DATE

July 27 1937

19. UNDERTAKER (ADDRESS)

Boyer

20. FILED

Aug 1 1937

G. F. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 15, 1937

22. I HEREBY CERTIFY That I attended deceased from

July 5, 1937 to July 15, 1937

I last saw her alive on July 14, 1937. Death is said

to have occurred on the date stated above, at 10 A.M.

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

Enteritis

Date of onset

Other contributory causes of importance:

11/10

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

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)

G. F. Russell

M. D.

(Address)

Centerville 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.

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W. H. ...

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