

FILL IN CHECK

NOV 18 1937

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

Do not use this space.

1. PLACE OF

(a) PLACE OF DEATH
County Dade Registration District No. 1100
(c) Township Arcola Primary Registration District No. 5331
(e) City Arcola (No. _____) St. _____ Ward _____

37522

FULL NAME 'Baby' 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

MEDICAL CERTIFICATE OF DEATH

AGE

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

DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 1937

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>Still Born.</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not any

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 _____

BIRTHPLACE (CITY OR TOWN) Dade County
(STATE OR COUNTRY) Missouri.

1. NAME Finis Miller

1. BIRTHPLACE (CITY OR TOWN) Cedar Co. Missouri
(STATE OR COUNTRY)

2. MAIDEN NAME Elva Bough

3. BIRTHPLACE (CITY OR TOWN) Dade Co. Missouri.
(STATE OR COUNTRY)

INFORMANT Finis Miller
(ADDRESS) Arcola, Missouri.

URIAL, CREMATION, OR REMOVAL PLACE Waggoner DATE 10/30/37, 1937

ADVERTAKER W.C. Davis & Co.
(ADDRESS) Stockton, Missouri.

LED Dec 27 1937 Geo. L. Weir
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Still born - 10-30-1937

22. I HEREBY CERTIFY, That I attended deceased from Still born - 10-30-1937 to 10-30, 1937
I last saw her alive on Still born 10-30, 1937 Death is said to have occurred on the date stated above, at 12:15 a.m.

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

cause unknown

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Geo. L. Weir M. D.
(Address) Stockton, Mo.

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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CHICAGO, ILL.

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FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

375-22
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 1101
 (b) Township South Primary Registration District No. 5331 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Miller

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Oct 30 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Still Born

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Dade (STATE OR COUNTRY) County

13. NAME Finnis Miller

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

15. MAIDEN NAME Elva B. [unclear]

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

17. INFORMANT (ADDRESS) Finnis Miller
Acosta

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagoner DATE 10-30-1937

19. FUNERAL DIRECTOR W. C. Davis & Co (ADDRESS) Stockton Mo

20. FILED Dec 27 1937 Geo. L. [unclear] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30 1937

22. I HEREBY CERTIFY, That I attended deceased from Stillborn 10-30-37 to 37-10-30, 1937

I last saw her alive on Stillborn, 1937. Death is said to have occurred on the date stated above, at 12:15 P.M.

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

Stillborn

cause unknown

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1937

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. J. [unclear], M. D.

(Address) Stockton Mo

EMERGENCY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

