

DEC 27 1937

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

Do not use this space.

42145

1. PLACE OF DEATH

County PettisRegistration District No. 670Township Hess CreekPrimary Registration District No. 5896City Beaman, Mo. (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME Nettie Ann Miller(a) Residence, No. Route 1 Beaman 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFMarion Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.54013

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Hughesville, Mo.

FATHER

13. NAME Lee Thomas14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Emily Jane Gunon16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Unknown17. INFORMANT Mrs. George Adams
(ADDRESS) Beaman, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union

DATE

12/23719. UNDERTAKER Duane Ewing
(ADDRESS) Sedalia, Mo.20. FILED Dec. 3 1937 Flossie Ferguson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20 1937

22. I HEREBY CERTIFY, That I attended deceased from

11-22 1937 to 11-30 1937I last saw him live on 11-29 1937 Death is saidto have occurred on the date stated above, at 3:30 A.M.

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

Chronic Myocarditis Date of onset

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 ✓ 1937Where 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) M. J. Bishop M. D.(Address) Sedalia, Mo.

