

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

Do not use this space.

JAN 17 1938

43956

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 4406 Troost Ave.)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 4859
St. _____ Ward _____

2. FULL NAME Mrs. Martha L. Miller

(a) Residence, No. 4406 Troost Ave. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 40 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND AS _____
(OR) WIFE OF W. O. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 2 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Illinois

FATHER 13. NAME Joseph Stevenson

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

MOTHER 15. MAIDEN NAME Mary Patton

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

17. INFORMANT J. S. Miller
(ADDRESS) Tarkio, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Tarkio, Mo. DATE 12/5/37

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Dec 3, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937 to Dec 3, 1937

I last saw him alive on Dec 2, 1937 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Date of onset June '37

Other contributory causes of importance:

Carcinoma of Bladder

Name of operation Cystostomy Date of Sept 17
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? no
If so, specify _____

(Signed) W. C. [Signature] M. D.
(Address) 820 Professional Bldg.

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.

Dr. R. M. Anderson
Professor of Biology
11:00 to 11:30