

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

Do not use this space.

95

1. PLACE OF DEATH  
 County Missouri Registration District No. 114 File No. 46259  
 Township Portageville Primary Registration District No. 5869 Registered No. 2  
 City Portageville, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lucy Virginia Miller 430  
 (a) Residence, No. Portageville, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 7 yrs. 21 mos. 21 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
7 21

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.  
 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) Portageville, Mo.

13. NAME Orrille Miller

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

15. MAIDEN NAME Lertine Kiekman

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

17. INFORMANT (ADDRESS) Orrille Miller  
Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rector DATE 1/11 1938

19. UNDERTAKER (ADDRESS) W. H. Enty  
Portageville

20. FILED 1-5 1938 May 21 1938 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Jan 11, 1938  
 I last saw her alive on Jan 10, 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Tuberc spinal Date of onset 1-4-38  
meningitis  
 Other contributory causes of importance: suppuration 18-15-37  
terminal broncho pneumonia 1-9-38

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Tuberc spinal 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) Raymond C. Conrad, M. D.  
 (Address) Portageville, Mo.

OCCUPATION  
FATHER  
MOTHER

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1. PLACE OF DEATH

County..... Registration District No..... File No.....  
Township..... Primary Registration District No..... Registered No.....  
City..... (No....., ..... St..... Ward.....)

2. FULL NAME.....

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

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

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

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.....  
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).....

FATHER  
13. NAME.....  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

MOTHER  
15. MAIDEN NAME.....  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY).....

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED..... 19.....

Registrar.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)..... 19.....

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... 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:

Date of onset.....  
Other contributory causes of importance:  
.....

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?.....  
If so, specify.....

(Signed)..... M. D.

(Address).....