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.

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

Do not use this space.

File No. 1434
Registered No. 122

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2712 Holmes St. Ward)

2. FULL NAME Mrs. Dora Miller 1462

(a) Residence, No. 2712 Holmes St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1863

7. AGE: Years 74 — Months 2 — Days 29 — If LESS than 1 day, ...hrs. or ....min.

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) Lynn County (STATE OR COUNTRY) Kansas

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

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

17. INFORMANT Mrs. Jessie Young
(ADDRESS) 429 West 59th. Street.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill
PLACE 1-11-38 DATE ....19..

19. UNDERTAKER D. W. Newcomers Sons
(ADDRESS) 1401 Brush Creek Blvd.

20. FILED Jan 10 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Jan 9th, 1938
I last saw h. r. alive on Jan 9, 1938. Death is said to have occurred on the date stated above, at 2:40 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder — Date of onset about 2 yrs
83
Other contributory causes of importance: Septicemia — ?

Name of operation No — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. H. Lane, M. D.
(Address) 824 Rialto Bldg

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