

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

Do not use this space.

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3386

1. PLACE OF DEATH

61 County Macon
Township Hudson
City (No.)

Registration District No. 533
Primary Registration District No. 5712

File No.
Registered No. 4 St. Ward

2. FULL NAME

Laina Miller 460

(a) Residence, No. 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of (OR) WIFE OF) James Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1885

7. AGE YEARS 52 MONTHS 8 DAYS 1 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Chariton Co, Mo

FATHER 13. NAME Henry Craig
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co, Mo

MOTHER 15. MAIDEN NAME Cynthia Lambert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co, Mo

17. INFORMANT (ADDRESS) Mr. Artie Petry

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord Cem. DATE 4-3-38

19. UNDERTAKER (ADDRESS) Stephens Gooding
Macon, Mo

20. FILED 211 1938 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1st 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1938, to Jan 1st 1938
Last saw h. alive on 19 . Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Fracture of skull
Back of head
(automobile accident)

Date of case 1/1/38

Other contributory causes of importance: 210m
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Name of operation None 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? Accident Date of injury Jan 1, 1938
Where did injury occur? 1/2 m. west from Macon, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place
Automobile (passenger)
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) M.D.
(Address) New Center Mo

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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.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH