

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

Do not use this space.

3427

1. PLACE OF DEATH

64 County Monroe Registration District No. 347
 Township Madison Primary Registration District No. 3029
 5 City Hannibal (No. St Elizabeth Hospital)

File No. _____
 Registered No. 25 St. _____ Ward)

2. FULL NAME

Sandra Jean Miller U 60
 (a) Residence, No. 415 Jefferson 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6 - 1938

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

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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

FATHER 13. NAME Ralph Miller

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

MOTHER 15. MAIDEN NAME Lavella Mallowick

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

17. INFORMANT Mr Ralph Miller (ADDRESS) 415 Jefferson St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys Cen DATE Jan 7th 1938

19. UNDERTAKER James O. Dorewell (ADDRESS) Hannibal Mo

20. FILED Jan 26 1938 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th - 1938

22. HEREBY CERTIFY That I attended deceased from Jan 6 3:30 to Jan 7 11:30
 I last saw her alive on Jan 7th 1938 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Cephalic Pallida - Official labor - flat Pelvis - Peristaltic transverse presentation - Regurgitation + Cardiac Failure - Acute Bronchopneumonia
 Other contributory causes of importance: _____

Name of operation _____ 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? _____ 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) W. C. Fisher M. D.
 (Address) Hannibal, Mo.

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