

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

Do not use this space.

1. PLACE OF DEATH

18 County *New Madrid*
19 Township *Portageville*
0 City *Portageville* (No.) St. Ward)

Registration District No. *607*
Primary Registration District No. *4361*

File No. *3547*
Registered No. *12*

2. FULL NAME

Betty Stell Miller U. 20

(a) Residence, No. St. Ward.

Length of residence in city or town where death occurred yrs. *1* mos. *23* 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) *w*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11-2-1937*

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-------|----------|-----------|---|
| | | <i>1</i> | <i>23</i> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *infant*

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 *Herman Miller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Calvin Braun*

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

17. INFORMANT *Mrs. Calvin Miller* (ADDRESS) *Portageville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Portageville* DATE *1-26* 19*38*

19. UNDERTAKER (ADDRESS) *W. W. Cook* *Portageville Mo*

20. FILED *Feb 9* 19*38* *W. W. Cook* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 25* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 2* 19*37* to *Dec 15* 19*37*

I last saw h. or alive on *Dec 15* 19*37*. Death is said to have occurred on the date stated above, at *5⁰⁰* m.

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

Suffocation?
Ball Throat?

Date of onset

1-23-38

Other contributory causes of importance: *These are possibilities*

Name of operation

What test confirmed diagnosis? *187* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *acc.* Date of injury *1-26* 19*38*

Where did injury occur *on bed - Portageville Mo* (Specify city or town, county, and State)

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

Manner of injury *accidental suffocation*

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

If so, specify (Signed) *R. C. Conrad* M. D.

(Address) *Portageville, Mo.*

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
COURT HOUSE BUILDING
COLUMBIA, MISSOURI

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

ST. LOUIS, MO.
FEB 28 1938

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38-47
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
 (b) Township Portageville Primary Registration District No. 1361 Registered No. _____
 (c) City Portageville (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Stell Miles

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

AGE OF BIRTH (MONTH, DAY, AND YEAR)

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|-------|----------|-----------|----------------------------------|
| | <u>1</u> | <u>23</u> | |

Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Industry or business in which work was done, as saw mill, bank, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1938

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:

Infarction?
Boil Poison?
Date of onset _____
Other contributory causes of importance: There are possibilities

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? Accident Date of injury 1-25, 1938
 Where did injury occur? in bed Portageville Mo.
 (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental Suffocation
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) R. C. Conrad, M. D.
 (Address) Portageville Mo

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE IF DEATHS ARE COMPLETED BY LAW.

S-3547 1938