

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

Do not use this space.

1. PLACE OF DEATH  
 93 County St. Clair 93 Registration District No. 766  
 Township Roscoe Primary Registration District No. 6011  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Grace Miller 460  
 (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)

3931

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 6 12

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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 \_\_\_\_\_

MOTHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Robt. Mo.  
 13. NAME C. W. Bishop  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
 15. MAIDEN NAME Elizabeth Moore  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER  
 17. INFORMANT (ADDRESS) Anthony Miller Roscoe Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Cemetery DATE 10/14  
 19. UNDERTAKER (ADDRESS) F. B. Goodrich Roscoe Mo.  
 20. FILED Feb. 8 1938 Mrs. S. B. Goodrich Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/12 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1937, to 10-11, 1937. I last saw h. or w. alive on 10-11, 1937. Death is said to have occurred on the date stated above, at 11 P. m. The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis ?  
Residual Arteriosclerosis ?  
 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) Robert Wray D.D. M.D. 3  
 (Address) Ossola, Mo.

RECEIVED

FEB 28 1938

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MO. STATE BOARD OF HEALTH