

REC'D APR 23 1938

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

Do not use this space.

9799

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. Home 4329 Holly St. _____ Ward _____

File No. _____
Registered No. 1264

2. FULL NAME Mrs. Nora Miller 1-60(a) Residence, No. 4329 Holly 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Sam O. Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 6 10

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill, Missouri13. NAME James Driskill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas15. MAIDEN NAME Margaret Perry16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mr. Sam O. Miller
(ADDRESS) 4329 Holly

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE March 22, 193819. UNDERTAKER Gates Funeral Home
(ADDRESS) K. C. Kansas20. FILED Mar 21 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 193822. I HEREBY CERTIFY, That I attended deceased from August 1933 to March 20, 1938I last saw her alive on March 19, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.

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

Encephalitis Lethargica. Date of onset 1935

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes23. 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? Yes
If so, specify _____(Signed) Edward Casper M. D.
(Address) 1222 W. 38th St., W. P. 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.

