

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.

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

Do not use this space.

REC'D APR 20 1938

11260

1. PLACE OF DEATH

County Lafayette

Registration District No. 461

Township Lexington

Primary Registration District No. 5625

City

(No.)

St. Ward

2. FULL NAME Lula Mattie 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

Fe.

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

Geo. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

49

2

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

At home

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)

Oak Grove

(STATE OR COUNTRY)

Mo.

FATHER

13. NAME

Geo. Brown

14. BIRTHPLACE (CITY OR TOWN)

MO.

(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

Lula Askraft

16. BIRTHPLACE (CITY OR TOWN)

MO.

(STATE OR COUNTRY)

17. INFORMANT

Geo. Miller

(ADDRESS)

Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lexington, Mo

DATE

Mar. 10, 1938

19. UNDERTAKER

Winkler

(ADDRESS)

Lexington, Mo.

20. FILED

Mar. 10, 1938

Fayz B. Bate

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1938

22. I HEREBY CERTIFY That I attended deceased from

25th Nov. 1938 to Mar. 8, 1938I last saw ~~her~~ alive on Mar 5, 1938 Death is said

to have occurred on the date stated above, at 9 P. M.

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

Cancer of liver and liver ducts -

Date of onset

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)

J. J. Cope

M. D.

414 (Address)

Lexington Mo.

A copy of.