

REC'D JUN 15 1938

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

Do not use this space.

1. PLACE OF DEATH *Butler* Registration District No. *88* File No. *17849*  
 County *Butler* Primary Registration District No. *6268* Registered No. *23*  
 Township *Crown Island* City (No. \_\_\_\_\_) St. *38* Ward \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Jessie Miller*  
 (a) Residence, No. *7 miles East Neelyville, Mo.* Ward \_\_\_\_\_ (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>			
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Est. - 1931</i>					
7. AGE YEARS	MONTHS	DAY	IF LESS than 1 day, 2 hrs. or _____		
<i>Est age 7</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <i>Child at home</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Child at home</i>				
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>				
12. BIRTHPLACE (CITY OR TOWN) <i>Neelyville</i> 0 (STATE OR COUNTRY) <i>Mo. State B.</i>					
FATHER	13. NAME <i>E. C. Miller</i> 9				
	14. BIRTHPLACE (CITY OR TOWN) <i>Unknown</i> 9 (STATE OR COUNTRY)				
MOTHER	15. MAIDEN NAME <i>Unknown</i>				
	16. BIRTHPLACE (CITY OR TOWN) <i>Unknown</i> (STATE OR COUNTRY)				
17. INFORMANT <i>Clarence Brown</i> (ADDRESS) <i>Neelyville Mo</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Smith Cemetery</i> DATE <i>5-19-1938</i>					
19. UNDERTAKER <i>Neighbors</i> (ADDRESS)					
20. FILED <i>5-22-38</i> <i>R. L. Turner</i> Registrar.					

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 18*, 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *10* A. M.

The principal cause of death and related causes of importance were as follows:  
*Dysentery Acute*  
 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) *R. L. Turner*, M. D.  
 (Address) *Neelyville - 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.

