

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

Do not use this space.

REC'D JUN 10 1938

18902

**1. PLACE OF DEATH**

County Mississippi  
 Townshp Wolf Island  
 City Charleston Mo (No. ....)

Registration District No. 568  
 Primary Registration District No. 5767

File No. ....  
 Registered No. 58  
 St. .... Ward

**2. FULL NAME** Margaret Miller

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to May 24, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1907

I last saw her alive on May 20, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
30 5 28

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

Myocarditis

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. House wife.

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) Boonville Mississippi

13. NAME George Adams

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

15. MAIDEN NAME Gussie Out

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

17. INFORMANT (ADDRESS) Frank Miller  
East Prairie Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cinhook DATE 5/25, 1938

19. UNDERTAKER (ADDRESS) Frank Fair  
Charleston Mo

20. FILED 5-25-38 1938 F. D. Vernon Registrar.

Other contributory causes of importance:  
Influenza

Name of operation None Date of .....  
 What test confirmed diagnosis Symptoms 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? No  
 If so, specify .....

(Signed) Frank D. Vernon M. D.  
 (Address) Charleston Mo

Exact statement of OCCUPATION is very important.

11B

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH  
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18902  
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 5-67  
(b) Township Wolf Island Primary Registration District No. 5767 Registered No. ....  
(c) City..... (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

Margaret Miller  
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
30 5 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

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 7-16 1938 Frank S. Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 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:

Myo. Carditis  
Chronic Myo. Carditis  
Other contributory causes of importance: Influenza

Date of onset

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) Frank S. Vernon, M. D.  
(Address) Charleston Mo

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCURRENCE is very important. Property insurance.

