REC'D JUL 17 1938

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

Do not use this space.

22208

1. PLACE OF DEATH
County Johnson
Township
City Warrensburg (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 3023

File No.
Registered No. 56

2. FULL NAME Mary Morgan Greenlee 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 30 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. E. H. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1851

7. AGE: YEARS 86 | MONTHS 9 | DAYS 22 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.
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) Rockbridge County, Va. Va.

FATHER
13. NAME William P. Greenlee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elisia H. Forster
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City

17. INFORMANT (ADDRESS) Nannie Neal Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE June 4, 1938

19. UNDERTAKER (ADDRESS) Sweeney-Phillips Warrensburg, Mo.

20. FILED June 4, 1938 Eva Gentry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1938, to June 3, 1938
I last saw her alive on June 3, 1938. Death is said to have occurred on the date stated above, at 8 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Apoplexy) — Date of onset 5-31-38

Other contributory causes of importance: Senility

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) Wm R Patterson, M. D.
391 (Address) Warrensburg Mo