

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

25709
 Do not use this space.

REC'D AUG 25 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 427
 (b) Township Jackson Primary Registration District No. 5592 Registered No. 32
 (c) City Pittsville (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Minnie E Miller 460
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 21 1937 to July 11 1938
 I last saw h. alive on July 10 1938. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 1 | 18

Coronary occlusion
 Date of onset 4-11-38

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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

Other contributory causes of importance:
Mitral Stenosis
Chronic Nephritis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

FATHER 13. NAME W. F. Gillaspie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Minnie E Nickle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

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.

17. INFORMANT (ADDRESS) Miss Julia Miller Pittsville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwater Cemetery DATE July 13 1938

Manner of injury _____
 Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) I. W. Goodman Golden Mo.

20. FILED July 14 1938 Mrs. B. V. Redford
 Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____ (Signed) Kelly Rawlins, M. D.
 (Address) Golden 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Samuel B. Kopp

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Samuel B. Kopp

Licensed Embalmer No. *4044*

P. O. Address

Holden Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.