CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D NOV 14 1938

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

Do not use this space.

File No. 35059

Registered No. 247

1. PLACE OF DEATH

County: Boone — Registration District No. 73

Township: — Primary Registration District No. 3006

City: Columbia (No. Boone County Hospital St. ..... Ward)

2. FULL NAME Mrs Neva Miller

(a) Residence, No. Boone County Hospital (Usual place of abode) ..... Ward. Glasgow, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Willis Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4 1883

7. AGE: YEARS 55 | MONTHS 1 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): Sept 1938

11. Total time (years) spent in this occupation: .....

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

FATHER

13. NAME: Marion Robertson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Georgia Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Miss Bernice Robertson

18. BURIAL, ~~CREMATION~~, OR REMOVAL

PLACE: Glasgow Mo. DATE: Oct 19, 1938

19. UNDERTAKER (ADDRESS): Walker Audsley, Glasgow Mo.

20. FILED 10/19/38 Allie Selby, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-10, 1938, to 10-17, 1938

I last saw her alive on 10-17, 1938. Death is said to have occurred on the date stated above, at 9:40 A.m.

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

	Date of onset
Diabetes	1930
H [illegible]	
Other contributory causes of importance:	
Carcinoma cervix	1938

Name of operation: no — Date of: .....

What test confirmed diagnosis? Lab. — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury: ....., 19....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: no

Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify: .....

(Signed) Harry C. Robert M. D.

(Address) Columbia Mo.