REC'D DEC 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass — Registration District No. 160 — File No. 38867

Township — Primary Registration District No. 4094 — Registered No.

City West Line (No. ..., ... St. ..... Ward)

2. FULL NAME Sarah Ellen Miller

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1. 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	0	4	

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) November 1938
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Co., Kansas.

FATHER

13. NAME Joshua Tull
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co., Ind.

MOTHER

15. MAIDEN NAME Mary Jane Cousey,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) J M Tull West Line, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Glenwood Cem DATE Nov 7 1938

19. UNDERTAKER (ADDRESS) Geo E Myers Cleveland Mo

20. FILED Nov 7 1938 Mary Meador Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1938, to Nov. 5, 1938

I last saw her alive on Nov. 5, 1938 Death is said to have occurred on the date stated above, at 6:30 P.m.

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

	Date of onset
Myocarditis, Chronic	1930
Other contributory causes of importance: Diabetes Mel.	1928

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Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) W. R. Moore, M. D.

(Address) Cleveland, Mo.

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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.