REC'D FEB 15 1939

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

2326
Do not use this space.

1. PLACE OF DEATH
(a) County Greene — Registration District No.
(b) Township — Primary Registration District No. 2001 — Registered No. 62
(c) City Springfield — (d) Street No. Springfield Baptist Hospital 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Veva Malvene Miller
(a) Residence, No. St. Monett, Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Frank Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1912
7. AGE: Years 26 ✓ — Months 8 — Days 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tel. Operator
9. Industry or business in which work was done, as saw mill, bank, etc. S. W. Bell Tel. Co.
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) Lawrence Co., Missouri.

FATHER
13. NAME Ernest W. Seward,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Missouri

MOTHER
15. MAIDEN NAME Lillie Shipman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence Co., Missouri

17. INFORMANT Frank Miller, (ADDRESS) Monett, Missouri.
18. BURIAL ~~CREMATION~~ PLACE L.O.O.F. Cemetery DATE Jan. 22, 1939
19. FUNERAL DIRECTOR Callaway's, (ADDRESS) Monett, Missouri.
20. FILED Jan 22, 1939 Chas A. George MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1939.

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1939, to Jan 20, 1939
I last saw her alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at about 12 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis from Septic Abortion	about Jan 1 39

Other contributory causes of importance:

14D

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Guy D Callaway, M. D.
(Address) Springfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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