REG'D APR 24 1939

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

Do not use this space.

File No. 9838

Registered No. 54

1. PLACE OF DEATH

County: Adair 1

Registration District No.: 4

Township:

Primary Registration District No.: 3021

City: Kirksville (No. Stickler Hospital St. Ward)

2. FULL NAME: Margaret Miller

(a) Residence, No. 1406 South Beard St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 26-1939

7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Kirksville Missouri 0

FATHER

13. NAME: Frank Miller 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Illinois 0

MOTHER

15. MAIDEN NAME: Minerva Stivers

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

17. INFORMANT (ADDRESS): Frank Miller 1406 S. Beard St Kirksville

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Owenby Cem DATE: March 1, 1939

19. UNDERTAKER (ADDRESS): Dee Riley Funeral Home Kirksville Mo

20. FILED: Mar. 8, 1939 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939 to Feb 27, 1939

I last saw him alive on Feb 27, 1939. Death is said to have occurred on the date stated above, at 5:00 a.m.

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

	Date of onset
atelectasis	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? 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?

If so, specify

(Signed) R D Stickler, M. D.

(Address) Kirksville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-10-22-36 X9314

RECEIVED
District Health Officer No. 10
District File Number 10-39-520
Date Filed APR 11 1939