

RECD APR 15 1939

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

9928
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township _____ Primary Registration District No. 3003 Registered No. 11
 (c) City Monett (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Myrtle E. Miller
 (a) Residence, No. 813 3rd. St. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>69</u>	<u>3</u>	<u>21</u>	

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

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

FATHER

13. NAME J. R. Rundle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Champaign Illinois

MOTHER

15. MAIDEN NAME Fannie Ewing

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Frank Miller,
(ADDRESS) Monett, Mo.

18. BURIAL PLACE I.O.O.F. Cemetery Mar. 14, 1939

19. FUNERAL DIRECTOR (ADDRESS) Callaway's,
Monett, Mo.

20. FILED 3-15- 1939 W. M. West,
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1939, to Mar 12, 1939
 I last saw her alive on March 12, 1939. Death is said to have occurred on the date stated above, at 12:30 pm.
 The principal cause of death and related causes of importance were as follows:
Some form of Heart neoplasm
This lady was alone when she died. But she gave a true history of having heart trouble 2 years.
 Other contributory causes of importance:
gout

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) L. H. Johnson, M. D.
Monett, Mo. (Address)

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-7-20-37 I. X12004

RECEIVED

District Health Officer No. 6,

District File Number 6-39-768

Date Filed, APR 10 1939

STATEMENT BY LICENSED EMBALMER . . .

I, J. D. Buchanan, Licensed Embalmer No. 3179

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

L. E.

No..... or by....., Registered Apprentice No. ~~3179~~

working under my personal supervision.

Signed J. D. Buchanan
Licensed Embalmer No. 3179

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.)