

REC'D APR 11 1939

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

10115
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Washington Primary Registration District No. 1001 Registered No. 273
 (c) City St. Joseph (d) Street No. Missouri Methodist 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 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 Ethel P. Miller
 (a) Residence, No. 423 North 5th 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Oliver Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 3 3
 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) Atchison
 (STATE OR COUNTRY) Kansas

FATHER 13. NAME Andrew Sinclair
 14. BIRTHPLACE (CITY OR TOWN) Pittsburgh
 (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Lola Brown
 16. BIRTHPLACE (CITY OR TOWN) Atchison
 (STATE OR COUNTRY) Kansas

17. INFORMANT (NAME) Mrs. Lola Sinclair
 (ADDRESS) 423 No. 5th. Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery DATE Mar. 17th, 1939

19. FUNERAL DIRECTOR (NAME) Heaton-Brown
 (ADDRESS) 319 So. 10th. Str.

20. FILED Mar. 17, 1939 H. J. Nestlebury P.B.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar - 9 - 1939, to Mar - 15 - 1939
 I last saw her alive on Mar - 14 - 1939. Death is said to have occurred on the date stated above, at 1:55 a.m.
 The principal cause of death and related causes of importance were as follows:

Hypertensive Pneumonia Date of onset
92 M
 Other contributory causes of importance:
Cerebral Hemorrhage

Name of operation none 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) T. P. Douglas M. D.
 (Address) 419 West 1st St. St. Joseph, Mo.

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Mar. 15, 19

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed

W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Joplin

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.)

If this body is not embalmed, above space should be left blank.