REC'D MAY 22 1939

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

15463
Do not use this space.

1. PLACE OF DEATH
(a) County Madison
(b) Township Liberty
(c) ~~City~~ or Village Jewett
Registration District No. 538
Primary Registration District No. 5726
Registered No. 33
(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 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Miller
(a) Residence, No. ..... St.
(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 Fem
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 Harvey Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apl 11, 1893
7. AGE Years 46 Months 0 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Annapolis, Wash Co Missouri

FATHER
13. NAME Robert Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

MOTHER
15. MAIDEN NAME Lassie Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Missouri

17. INFORMANT (ADDRESS) Myrtle Miller Jewett, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jewett Mo DATE April 20 19

19. FUNERAL DIRECTOR (NAME) None
(ADDRESS)

20. FILED Apr. 19, 1939 S. C. Slaughter Local Registrar.
By C. A. Slaughter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1939

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1939 to April 19, 1939
I last saw her alive on April 19, 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
Cerebral hemorrhage	April 18

Other contributory causes of importance:
High blood pressure of endocrine origin

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? No
If so, specify
(Signed) Dr. C. W. Delleneau M.D.
(Address) Fredericktown Mo.

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(Physician'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.

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

I X16605

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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