

REC'D JUN 15 1939

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

Do not use this space.

1. PLACE OF DEATH

County Atchison Co 1Registration District No. 21

Township

Primary Registration District No. 4015City Watson mo (No.) St. Ward)File No. 17908

Registered No.

2. FULL NAME

Anna Alice Miller

(a) Residence, No. St. 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)

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

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

7. AGE

YEARS

MONTHS

DAYS

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)

Watson mo.

FATHER

13. NAME

Edd W. Miller

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

Caring mo.

MOTHER

15. MAIDEN NAME

Nora Ellen Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jawa

17. INFORMANT (ADDRESS)

Edd W. Miller Watson mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE High Creek DATE May 19 1939

19. UNDERTAKER (ADDRESS)

C. E. & J. B. Besters and Beck Park mo.

20. FILED

May 20 1939J. A. Gray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1939

22. I HEREBY CERTIFY, That I attended deceased from

May 15 1939, to May 17 1939.I last saw her alive on May 15 1939. Death is saidto have occurred on the date stated above, at 1:40 a.m.

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

Date of onset

Influenzal pneumoniaOther contributory causes of importance: 1/2Name of operation none Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) James A. Gray, M. D.18 (Address) J. Watson, mo.

RECEIVED

District Health Officer No. 117

District File Number 34-661

Date Filed JUN 10 1939

RECEIVED
DISTRICT HEALTH OFFICER
JUN 10 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17908
Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 21

(b) Township _____ Primary Registration District No. 4015-

(c) City Watson (d) Street No. _____ Registered No. _____

(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 Anna Alice Miller

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.

1 8 16

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

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) Watson Mo-

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED May 20 1939 J. A. Gray Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17-1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

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) James A. Gray, M. D. (Address) Watson Mo

SUPPLEMENTARY

1 X12241
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 7 1988