

REC'D JUL 17 1939

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

Do not use this space.

21805

1. PLACE OF DEATH

19 County Cass Registration District No. 154  
Township Andrew Primary Registration District No. 4088  
City Quinn City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

2. FULL NAME Hrd Viola Valentine 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 Fe 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 James T Miller  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1870  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 0 3  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Ohio  
13. NAME Clarkson Valentine  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio  
15. MAIDEN NAME Lucy Baker  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT J. E. Miller  
(ADDRESS) Quinn City Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Clearfork Cem DATE May 31, 1939

19. UNDERTAKER J. M. Keuffman  
(ADDRESS) Garden City Mo

20. FILER June 1, 1939  
(Address) Quinn City Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939  
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to May 29, 1939  
I last saw him alive on May 29, 1939. 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:

Pericarditis  
Aneurysm  
946

Other contributory causes of importance:  
Coronary Embolism / day

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
Anesthetist \_\_\_\_\_ Anesthetics \_\_\_\_\_ Anesthesis \_\_\_\_\_ Anesthetist \_\_\_\_\_ Anesthetics \_\_\_\_\_ Anesthesis \_\_\_\_\_

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) Geo W Griffith, M. D.  
(Address) Garden City 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.

