REC'D JUL 17 1939

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

23479
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 2 — Registration District No. 875

(b) Township or (c) City Nevada (Center 1) — Primary Registration District No. 3039 — Registered No. 146

(d) Street No. 202 S. Oak 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. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

108 2 2

2. PRINT FULL NAME Willia Raylene Miller

(a) Residence, No. 202 S. Oak 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 1, 1939

7. AGE: Years 0 — Months 0 — Days 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: None
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): Nevada, Missouri 0

FATHER

13. NAME: Ruel Miller 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Illinois

MOTHER

15. MAIDEN NAME: Velma Conwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Kansas

17. INFORMANT (ADDRESS): Ruel Miller, Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Cemetery DATE June 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Terry Funeral Home, Nevada, Mo

20. FILED 6-8 1939 Allen V. Hays, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from June - 1 - 1939, to June - 4 - 1939
I last saw her alive on June 4 1939. Death is said to have occurred on the date stated above, at 10:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Underdevelopment	

Other contributory causes of importance:
Mother had laparotomy & hysterectomy, carcinoma of pelvic - prior 180 days

Name of operation None 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. B. Todd, M. D.
(Address) Nevada

795

(Licensed Embalmer'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.

RECEIVED
District Health Officer No. 7
District File Number 7-35-1037
Date Filed 7-13-35

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~~ Personal

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

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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.