

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

Do not use this space.

50 OCT 12 1939

31982

1. PLACE OF DEATH
 County Butler Registration District No. 89
 Township 1 Primary Registration District No. 3007
 City Poplar Bluff (No. 102 Fair St.) St. _____ Ward _____

2. FULL NAME Lou M. Miller
 (a) Residence, No. 102 Fair St. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6, 1863</u>				
7. AGE YEARS <u>75</u>	MONTHS <u>11</u>	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home.</u>			
	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) <u>Reynolds Co., Mo.</u>				
MOTHER	13. NAME <u>Marcus Helvy</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Reynolds County Missouri</u>			
	15. MAIDEN NAME <u>Mary Elizabeth Curtis</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>				
17. INFORMANT <u>Mrs. Carl Kernek</u> (ADDRESS) <u>Poplar Bluff, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairdealing, Mo.</u> DATE <u>Sept. 8</u> 19 <u>39</u>				
19. UNDERTAKER <u>Frank Und. Co.</u> (ADDRESS) <u>Poplar Bluff Mo.</u>				
20. FILED <u>9/18</u> 19 <u>39</u> <u>Alfred R. Davis</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1939 to Sept 7 1939
 I last saw her alive on Sept 6 1939. Death is said to have occurred on the date stated above, at 3:10 p.m.
 The principal cause of death and related causes of importance were as follows:
acute intestinal obstruction Date of onset Sept 5 39

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? no
 If so, specify _____ (Signed) Alfred R. Davis M. D.
 (Address) Poplar Bluff Mo.

CAUSE OF DEATH or information appearing hereon should be properly classified. "Cause of Occupation" is very important.

1222h

Embalmer — Scott A. Colwell — 3567

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