

FILED JUL 22 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH23108
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 905
 (b) Township Allen Primary Registration District No. 6216
 (c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BARBARA MILLER

(a) Residence, No. Denver 1110 St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-1849
 7. AGE YEARS 90 MONTHS 10 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.
 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) Tenn. (STATE OR COUNTRY)

FATHER 13. NAME Thomas Wilson
 14. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Matilda Walker
 16. BIRTHPLACE (CITY OR TOWN) Tenn. (STATE OR COUNTRY)

17. INFORMANT Elgin E. Brown (ADDRESS) Denver 1110

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Cemetery DATE July 6 1940

19. FUNERAL DIRECTOR (NAME) Bram Bros (ADDRESS) Denver 1110

20. FILED July 17 19 40 A. J. Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4 1940

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1940 to 7-4 1940

I last saw her alive on 7-1 1940. Death is said to have occurred on the date stated above, at 10:00 P.
 The principal cause of death and related causes of importance were as follows:

Coronary Stenosis Date of onset 1936

Other contributory causes of importance: 46

Name of operation By-pass Date of _____
 What test confirmed diagnosis? By-pass Was there an autopsy? no

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) E. J. Perry M. D.
 (Address) Grand City

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 comply with the above constitutes grounds for revocation of license.)

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