

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4641

File No. _____
Registered No. 162
St. _____ Ward)

MAR 23 1931

1. PLACE OF DEATH
11 County Buchanan Registration District No. 581001
5 Township _____ Primary Registration District No. _____
9 City St. Joseph (No. No. Fresh Hosp)

2. FULL NAME Minnie J. Miller
(a) Residence. No. _____ St., _____ Ward. Helena Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931

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

17. HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Feb 11, 1931, that I last saw him alive on Feb 11, 1931, and that death occurred, on the date stated above, at 6:45 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18, 1898

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 9 23

Encephalitis acuta
75D

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House work (b) General nature of industry, business, or establishment in which employed (or employer) 235 (c) Name of employer

CONTRIBUTOR (SECONDARY) 780 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Unknown Penn 2 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Helena Mo.

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Wm Weiland

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown Mo 1 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS Spinal puncture

(Signed) H. S. Ganss, M. D.

12. MAIDEN NAME OF MOTHER Unknown Tritman

7/12, 1931 (Address) St Joseph Mo.

*State the DISEASE CAUSING DEATH, in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown Unknown (STATE OR COUNTRY)

14. INFORMANT (Address) Harold Miller Helena Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethel near Helena Mo

DATE OF BURIAL

15. FILED 3 1931 John R Bender REGISTRAR

20. UNDERTAKER Heleman Funeral Home 1946 Bolhoun

ADDRESS

FEB 13 1931

