

FILED JUN 14 1940

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

1. PLACE OF DEATH

County *Scotland* 0Township *Jefferson*City *Memphis* (No.)Registration District No. *710*Primary Registration District No. *4488*
 File No. *19687*
 Registered No. *26*
 St. Ward)

2. FULL NAME

(a) Residence. No. *460* *Harriett Madison Miller* St. *Memphis* Ward. *res.*

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *79* yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

*Tom Miller*6. DATE OF BIRTH (MONTH, DAY AND YEAR) *April 10 1854*

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>86</i>	<i>0</i>	<i>20</i>	<i>—</i>

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work *housekeeper*
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Nelson County, Ky*
(STATE OR COUNTRY)10. NAME OF FATHER *J. F. Jenkins*11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky*
(STATE OR COUNTRY)12. MAIDEN NAME OF MOTHER *Margaret Blevins*13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ky*
(STATE OR COUNTRY)14. INFORMANT *Mrs Geo Simmon 795*
(Address) *Memphis, Mo.*15. FILED *May 11 1940* *E. E. Parrish*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 30, 1940*

17.

I HEREBY CERTIFY, That I attended deceased from *June 10, 1930*, to *Apr 30, 1940*

that I last saw her alive on *April 30, 1940*, and that death occurred, on the date stated above at *10:05 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

Chronic Interstitial Nephritis

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. *171*

DID AN OPERATION PRECEDE DEATH. DATE OF.

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *A. M. Keethley, M. D.*4/30/40 (Address) *Memphis Mo*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Memphis cemetery

DATE OF BURIAL

5-2-1940

20. UNDERTAKER

H. V. Payne & Sons Memphis

ADDRESS

RECEIVED

District Health Officer No. 10

District File Number 6-40-11870

Date filed JUN 7 1949