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

Do not use this space.

34408

1. PLACE OF DEATH
County: Pettis
Township: Hughesville
City: ..... (No. ....., ... St. ..... Ward)
Registration District No. 668
Primary Registration District No. 5887
File No. .....
Registered No. 273

2. FULL NAME: Eliza A Miller
(a) Residence. No. Hughesville Mo 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: F
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): dont no 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
47	dont no	dont no	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper Co Mo

PARENTS
10. NAME OF FATHER: Ben Holder
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): dont no / dont no
12. MAIDEN NAME OF MOTHER: Mary Whites
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): dont no / dont no

14. INFORMANT: Gussie M Murphy
(Address) Hughesville Mo

15. FILED 10-19 1928 J. S. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Oct 14, 1928, that I last saw her alive on Oct 14, 1928, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemoplegia
15 (duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY): Clot of blood on brain (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? NO DATE OF —
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) C P Cartwright M. D
, 19 (Address) Hughesville 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: Lebanon Mo
DATE OF BURIAL: Oct 18 1928

20. UNDERTAKER: F D Ferguson
ADDRESS: Sedalia

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.

NOV 22 1928