

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

Do not use this space.

17713

UN 25 1929

1. PLACE OF DEATH  
 County De Kalb Registration District No. 259  
 Township Sherman Primary Registration District No. 3361  
 City Sherman (No. \_\_\_\_\_) Sl. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

2. FULL NAME Libbie Francis Miller  
 (a) Residence No. R.F.D #2 Helena Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George H. Miller  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1896  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 5 5  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House-wife  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Washington Kansas  
 (STATE OR COUNTRY)

10. NAME OF FATHER George Lewis  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) no fact  
 (STATE OR COUNTRY) Indiana  
 12. MAIDEN NAME OF MOTHER Lina Belton  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rochester  
 (STATE OR COUNTRY) Mo.

14. INFORMANT George H. Miller  
 (Address) R.F.D #2 - Helena Mo

15. FILED May 23, 1929 J. J. Phelps REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1929  
 17. I HEREBY CERTIFY, That I attended deceased from April 24 1929, to May 22 1929, and that I last saw her alive on May 22 1929, at 7 P.M. m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebrospinal Meningitis  
1929 (duration) yrs. mos. 29 ds.

CONTRIBUTORY (SECONDARY) MI  
 (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 Laboratory mg Chemical  
 (Signed) M. L. Holliday M. D.  
 19 (Address) Helena 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 Union Chapel DATE OF BURIAL May 23 1929

20. UNDERTAKER Charles Davis ADDRESS Clatsdale Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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2  
2  
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