JUL 24 1929

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

Do not use this space.

File No. 21087
Registered No.

1. PLACE OF DEATH
County DeKalb Registration District No. 259
Township Lewis & Clark Primary Registration District No. 5361
City (No. St. Ward)

2. FULL NAME Era Francis Miller

(a) Residence. No. R.F.D #2 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 10 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	10	4	3	

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

9. BIRTHPLACE (CITY OR TOWN) Union Star Mo
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER George H. Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Libbie Francis Lewis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Facts
(STATE OR COUNTRY) Kansas

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

15. FILED June 9, 1929 J. O. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June - 8 1929

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1929 to June 8, 1929
that I last saw h.r. alive on June 8, 1929, and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal Meningitis
70A
P.B.
(duration) yrs. mos. 21 ds.
CONTRIBUTORY (SECONDARY) Endocarditis
(duration) yrs. mos. 26 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? Clinical & Laboratory

(Signed) M. L. Halliday, 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 Cemetary — DATE OF BURIAL June - 9 1929

20. UNDERTAKER C. M Davis — ADDRESS Clarkedale 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.