

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

Do not use this space.

4187

**1. PLACE OF DEATH**

100 County Seatt  
Township Morland  
City (No. ....) .....

Registration District No. 814  
Primary Registration District No. 6063

File No. ....  
Registered No. 1  
St. .... Ward)

**2. FULL NAME**

Law Miller  
(a) Residence. No. Benton Mo. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 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 Jessie Miller 1862

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 - 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	68	2	13	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) owner  
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seatt County Mo

10. NAME OF FATHER Elizabeth Cloar

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Mary Harbinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Seatt Co Mo

14. INFORMANT (Address) Geo Cloar Benton Mo

15. FILED Jan 17 1931 J. J. Wade REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1931

17. I HEREBY CERTIFY, That I attended deceased from Oct 1931 to Jan 13 1931.  
that I last saw her alive on Jan 10 1931 and that death occurred, on the date stated above, at 3:25 A.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma left breast

CONTRIBUTORY (SECONDARY) Secondary lung involvement

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Urie P. Haw, M. D.

, 19 (Address) Benton 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 DATE OF BURIAL

Miller Cemetery (Cape C) Jan 14 1931

20. UNDERTAKER ADDRESS

P. D. Heusserer Co Oran 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.

FEB 21 1931

