

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

Do not use this slip

37779 ✓

**1. PLACE OF DEATH**

Country Jackson Registration District No. 399  
 Township Gen. Primary Registration District No. 1903 File No. \_\_\_\_\_  
 City J.C. Mo. (No. General Hospital St. 4646 Ward)

**2. FULL NAME**

Matth Miller General Hospital  
 (a) Residence, No. 3001 Taney St. 4 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
51      9      19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salary  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Ray Co. (STATE OR COUNTRY) Missouri

13. NAME R. H. Miller

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT Walter Mayley (ADDRESS) Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE 11-21 1931

19. UNDERTAKER E. M. Jones (ADDRESS) Richmond Mo.

20. FILED 11/19 1931 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-19 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-4 1931, to 11-19 1931  
 I last saw her alive on 11-19 1931. Death is said to have occurred on the date stated above, at 2:35 p.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchopneumonia  
1070 1070  
1931

Other contributory causes of importance: Casticle of shoulder

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis then found Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify PE. Willcocks  
 (Signed) \_\_\_\_\_ M. D.  
 (Address) Swartz, C. Gen. Hosp. Richmond

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

