

SEP 18 1935

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

Do not use this space.

25863

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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)

widow

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

William E Miller

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

Oct 7 - 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

73

10

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Home Maker

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) (STATE OR COUNTRY)

Indiana

13. NAME

John Haskbarger

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

Ohio

15. MAIDEN NAME

Marionna Gregg

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

Kentucky

17. INFORMANT (ADDRESS)

E. L. Miller Sr  
Harrisonville

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freeman DATE Aug 19 1935

19. UNDERTAKER (ADDRESS)

Remembrance Bros  
Harrisonville, Mo

20. FILED

8118 1935 Oct 20 S. L. Jones Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 17 1935

22. I HEREBY CERTIFY, That I attended deceased from

Dec 15 1924, to Aug 17 1935

I last saw him alive on Aug 17 1935. Death is said

to have occurred on the date stated above, at 3:45 P. M.

The principal cause of death and related causes of importance were as follows:

Cerebral  
arterial hemorrhage with  
arterial-sclerosis.

Date of onset

Other contributory causes of importance:

Grave hypertension

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

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

(Signed) David S Long, M. D.

(Address) Harrisonville 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.

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