

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

Do not use this space.

24858

1. PLACE OF DEATH
 County Jackson Registration District No. 389
 Township Alpena Primary Registration District No. 389
 City Alpena (No. 3804 Alpena) Ward 3

2. FULL NAME Lesetina Miller
 (a) Residence, No. 5804 Alpena Ward. _____ (If nonresident, give city or town and State)
 (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 Yp 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>81</u>	<u>2</u>	<u>20</u>	

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

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) Virginia

FATHER

13. NAME Lewis Bruce

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

MOTHER

15. MAIDEN NAME Mary L. Lewis

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

17. INFORMANT (ADDRESS) Russ Miller
5804 Alpena

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Alpena Mo July 34

19. UNDERTAKER (ADDRESS) Mrs. C. T. Foster
918 Brookfield Ave

20. FILED 7-26-34 M. H. Kerowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1934

22. I HEREBY CERTIFY That attended deceased from July 15 1934 to July 25 1934
 that saw her alive on July 25 1934. Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
arterio-sclerosis and heart
 Date of onset 7-25-34

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis clinical 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) W. W. Martin M. D.
 (Address) 6800 Brunner Rd

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. AUG 21 1934

WRITE PLAINLY, WITH CAPITALS WHERE NECESSARY

Harlem