

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

Do not use this space.

45537

21 1936

1. PLACE OF DEATH

County Moniteau Registration District No. 575
 Township Tipton Primary Registration District No. 4339
 City Tipton (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Byrdie Lee Miller

(a) Residence, No. _____ St. _____ Ward _____
 (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6th 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 11 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer for Industrial Home Tipton, Mo.
 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) Cooper County Missouri

MOTHER FATHER 13. NAME Albert Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

MOTHER 15. MAIDEN NAME Louella Barbor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Missouri

17. INFORMANT Mable Miller
 (ADDRESS) Tipton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tipton DATE 12-7-1936

19. UNDERTAKER Jessell E. Richards
 (ADDRESS) Tipton, Mo.

20. FILED 1207 19 36 Mrs. L. J. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 5th 1936

22. I HEREBY CERTIFY, That I attended deceased from 11:00 AM, 1936 to 5:00 AM, 1936

I last saw her alive on Dec 5, 1936. Death is said to have occurred on the date stated above, at 11:55 AM.

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

Pneumonia
labor
 1936
 Other contributory causes of importance:
 Date of onset

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) G. B. Wilson, M. D.
 (Address) Tipton 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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