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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1941
274

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28918

Registration District No. 274

Primary Registration District No. 6261 4063

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County New Madrid
 (b) City or town Lilbourn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME MARY M. MILLER
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race wh 5. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Aaron Miller 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 8 1892
 (Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 11 If less than one day
 hr. _____ min. _____

9. Birthplace Blytheville, Ark
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER { 12. Name J. P. Smiley
 13. Birthplace Forrest City, Ark
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Hedbetter
 15. Birthplace Blytheville, Ark
 (City, town, or county) (State or foreign country)

16. (a) Informant Aaron Miller
 (b) Address Lilbourn, Mo.

17. (a) burial (b) Date thereof 8-21-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mounds Cemetery

18. (a) Signature of funeral director Jernigan Funeral Home
 (b) Address Malden, Mo.

19. (a) Aug 24 (b) E. E. Jones
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County New Madrid
 (c) City or town Lilbourn
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19
 year 1941 hour Six minute 30 M.

21. I hereby certify that I attended the deceased from June 15
 1941 to July 21 1941
 that I last saw her alive on July 21 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder

Due to _____
 Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature E E Jones (M. D. or other) _____
 Address Lilbourn Mo Date signed Aug 1, 41

Courtesy of
 MISSOURI STATE ARCHIVES
 P.O. BOX 1747
 JEFFERSON CITY, MO 65102