

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

Do not use this space.

20442

1. PLACE OF DEATH

68 County Monticau Registration District No. 571
Township Walker Primary Registration District No. 5769
City..... (No..... St..... Ward.....)

File No.....
Registered No. 43

2. FULL NAME

Mary Miller
(a) Residence, No..... St..... Ward.....
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Audrey Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 4 - 1848</u>				
7. AGE YEARS <u>84</u>	MONTHS <u>9</u>	DAYS <u>18</u>	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Switzerland</u>				
MOTHER	13. NAME <u>John Schlupe</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
MOTHER	15. MAIDEN NAME <u>Don't Know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>			
17. INFORMANT <u>Emmanuel Miller</u> (ADDRESS) <u>Me. Hill Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Salem Evangelical</u> DATE <u>6/25 1933</u>				
19. UNDERTAKER <u>Hillegans & Friedmeyer</u> (ADDRESS) <u>California Mo</u>				
20. FILED <u>6-23-33</u> <u>H.R. Poppe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22nd 1933

22. I HEREBY CERTIFY, That deceased deceased from Several months, 19.....
I last saw h. or alive on June 20th 1933. Death is said to have occurred on the date stated above, at.....m.
The principal cause of death and related causes of importance were as follows:
Asthma Bronchial Date of onset 11th 11th

Other contributory causes of importance:

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 L.M. Gray, M. D.
(Signed)..... (Address).....

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.

68 21 26

