

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County MonroeTownship WalkerCity Elizabeth (No)Registration District No. 576Primary Registration District No. 5769File No. 2143Registered No. 7St. Mo. Ward 72. FULL NAME Elizabeth Miller(a) Residence, No. Elizabeth Miller St. Mo. Ward 7

(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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 - 18517. AGE YEARS 83 MONTHS 5 DAYS 4 If LESS than 1 day,hrs. ormin.

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

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) Germany13. NAME Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Sonit Knout16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Rudy Miller18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 1/29 19. 193519. UNDERTAKER (ADDRESS) Helwig & Fiedmeyer20. FILED 1-24-35 H. R. Popejoy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-28-193522. I HEREBY CERTIFY, That I attended deceased from 1-23-1935 to 1-28-1935I last saw him alive on 1-27-1935 Death is saidto have occurred on the date stated above, at 12:20 m.

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

Chronic Bronchitis Date of onsetPulmonary Emphysema

Other contributory causes of importance:

NoneName of operation None Date ofWhat 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? None Date of injury None 19. 1935Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify H. R. Popejoy M. D.(Signed) H. R. Popejoy M. D.(Address) California Mo

