

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

Do not use this space.

263

1. PLACE OF DEATH

County Ruchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 70
 City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

2. FULL NAME

Elisa Miller,
 (a) Residence. No. _____ St. _____ Ward. Amazonia, Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female White Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 6 th. 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>62</u>	<u>0</u>	<u>10</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Switzerland,

10. NAME OF FATHER Samuel Egger,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Switzerland,

12. MAIDEN NAME OF MOTHER Rosina Klafenstein

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Switzerland,

14. INFORMANT John S. Miller
R.F.D. # 1, Amazonia, Mo.

15. FILED JAN 16 1928 John S. Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 16, 1928

17. I HEREBY CERTIFY That I attended deceased from 13th January, 1928, to 16th January, 1928 that I last saw her alive on 15th January, 1928, and that death occurred, on the date stated above, at 4:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera (acute)
127 B
92 A
132 A (duration) yrs. mos. 1 ds.

CONTRIBUTORY Cholera from disease of Bright's (SECONDARY) Wagon (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF January 13, 1928
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical - lab - G. G. G. G.
 (Signed) W. H. G. G., M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. John Reformed Cemetery DATE OF BURIAL Jan. 18 19 28

20. UNDERTAKER H. Calton, Bigelow & Bowman ADDRESS 319 S. 10 St.
by J. H. Dale J. Home

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.

RECORD WITH UNFADING INK—THIS IS A PERMANENT RECORD

FEB 20 1928

