

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

Do not use this space.

10229

1. PLACE OF DEATH
 County Randolph Registration District No. 733
 Township _____ Primary Registration District No. 4238
 City Huntsville (No. _____) St. _____ Ward _____

2. FULL NAME Ada Grant 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
8 8 12

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1928

17. I HEREBY CERTIFY That I attended deceased from Mar 9 1928, to Mar 18 1928, that I last saw him alive on Mar 17 1928, and that death occurred, on the date stated above, at _____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia

INFLUENZA (duration) yrs. mos. 3 da.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. 10 da.

9. BIRTHPLACE (CITY OR TOWN) Huntsville
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Walter Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Chariton MO
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Ada Tolson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton MO
 (STATE OR COUNTRY) _____

14. INFORMANT Walter Miller
 (Address) Huntsville

15. FILED Mar 19 28 Y Y Pray
 1928 REGISTER

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dalton MO DATE OF BURIAL Mar 19 1928

20. UNDERTAKER Tom Patton ADDRESS Huntsville MO

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.

