C 26 1928

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

Do not use this space.

36255

1. PLACE OF DEATH County: Callaway, Township: Fulton, City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 104
Primary Registration District No. 5153

File No. .....
Registered No. 206

2. FULL NAME Mrs, Regina 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of Theo-

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug, 14th, 1856

7. AGE: Years 71 | Months 2 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany,

PARENTS

10. NAME OF FATHER: Fred Rentchler,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany,

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): ermany,

14. INFORMANT: Fred Rentchler, (Address): R, F, D, Fulton, Mo,

15. FILED: Nov 12, 1928 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 1927, to Nov 11, 1928 that I last saw her alive on Nov 9, 1928, and that death occurred, on the date stated above, at About 10 A, m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Stroke

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R N Crews, M. D

Nov 11, 1928 (Address)

*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: Central Christian Church | DATE OF BURIAL: 11/13-1928

20. UNDERTAKER: Herndon-Taylor, | ADDRESS: Fulton, Mo,

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.