MAY 27 1930

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

Do not use this space.

9587

1. PLACE OF DEATH
County: Moniteau
Township: Willow Fork
City: Tipton (No. ..... St. ..... Ward)
Registration District No. 575
Primary Registration District No. 4339
File No. .....
Registered No. .....

2. FULL NAME: Mary 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 50 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): Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 7 / 1851

7. AGE: Years 78 | Months 4 | Days 12 | If LESS than 1 day, ... hrs. or ..... min.

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): Gedrum
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Andrew Bestgen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Katherine Alter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Germany

14. INFORMANT: Andrew Miller
(Address): Tipton Mo.

15. FILED 3.20, 1930 Mrs Sarah Pyle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 19 1930

17. I HEREBY CERTIFY, That I attended deceased from 3 / 18, 1930, to 3 / 19, 1930 that I last saw her alive on 3 / 19, 1930, and that death occurred, on the date stated above, at 8.5 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
S2H
(duration) Short time yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(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? .....

(Signed) G. S. Wilson, M. D
3.20, 1930 (Address) Fortuna

*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: Catholic Cemetery
DATE OF BURIAL: 3/21 1930

20. UNDERTAKER: L. G. Dunhoff
ADDRESS: Tipton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD