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

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.

MAY 23 1932

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

Do not use this space.

11633

1. PLACE OF DEATH

County Buchanan — Registration District No. 82 — File No. 6

11 Township Marion — Primary Registration District No. 5123 — Registered No. 6

City ..... (No. 2½ Miles, S.W. of Easton Mo. St. ..... Ward)

2. FULL NAME Lydia Miller

(a) Residence, No. R F D Easton Mo. St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1858

7. AGE — YEARS: 73 — MONTHS: 3 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Canton Ohio 2

FATHER

13. NAME Jonithan Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio

MOTHER

15. MAIDEN NAME Lydia Cassler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Co. Ohio

17. INFORMANT Mrs Elizabeth Rapp
(ADDRESS) R F D Easton Ohio.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Blakely Cemetery
PLACE Easton Mo. DATE April 4 1932

19. UNDERTAKER H O Sidenfaden
(ADDRESS) 1802 Union st St Joseph Mo.

20. FILED 5/10 1932 D F Bigham MD
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1932, to April 1, 1932

I last saw her alive on April 1, 1932. Death is said to have occurred on the date stated above, at 11:50A. M.

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

Broncho Pneumonia

10 TA / 10 TA

Date of onset

Other contributory causes of importance:

none

1

a Name of operation X Date of

What 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? X Date of injury ....., 19....

Where did injury occur? X (Specify city or town, county, and State)

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

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify

(Signed) D F Bigham, M. D.

(Address) Easton Mo