

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

Do not use this space.

36234

54

1. PLACE OF DEATH

County Lafayette

Registration District No. 464

Township Adrian

Primary Registration District No. 4277

City Adrian (No. _____)

File No. 15

Registered No. 41

St. _____ Ward _____

2. FULL NAME Amanda 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

F

4. COLOR OR RACE

W

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

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Herman Miller

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

Mar 22, 1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

78

7

20

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)

Berlin Germany

(STATE OR COUNTRY)

10. NAME OF FATHER

Ernst Klaus

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Antonia Klaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Germany

(STATE OR COUNTRY)

14.

INFORMANT

Mrs. Emma Erns

(Address)

Adrian Mo.

15.

FILED

11-14 1932 R.C. Schooley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 12 1932

17.

HEREBY CERTIFY, That I attended deceased from June 1931 to Nov 10 1932 that I last saw him alive on Nov 10 1932 and that death occurred, on the date stated above, at 12:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Canceroma of type
arm (Cauliflower type)
53E (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

53E (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R.C. Schooley, M. D.

Address Adrian Mo.

*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

DATE OF BURIAL

Geanton Cem. - Adrian Mo

11/13 1932

20. UNDERTAKER

ADDRESS

R.C. Schooley

Adrian

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.

JUN 9 1967