

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 113 County North
 2 Township Frank City
 2 City Frank City (No. 17545)
 Registration District No. 993
 Primary Registration District No. 17545
 File No. 43048
 Registered No. 76
 St. _____ Ward _____
 2. FULL NAME Angela Jean Milleron
 (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 7
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clark Milleron
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8-1884
 7. AGE 73 YEARS MONTHS 4 DAYS 24 IF LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 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) Licking Co. Ohio
 13. NAME Joseph Simmons
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Co. Ohio
 15. MAIDEN NAME Ann Mills
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking Co. Ohio
 17. INFORMANT (ADDRESS) Joseph Simmons
 18. BURIAL, CREMATION, OR REMOVAL PLACE Frank City DATE Dec. 4, 1932
 19. UNDERTAKER (ADDRESS) Frank City
 20. FILED 12-3-32 John Andrews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1932 to Dec 2, 1932
 I last saw him alive on Dec 5, 1932 Death is said to have occurred on the date stated above, at 5 P. M.
 The principal cause of death and related causes of importance were as follows:
Influenza
acute nephritis
118
130
 Other contributory causes of importance:
118 age
no
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury no
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) John Andrews, M. D.
 (Address) Frank City

