

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

Do not use this space.

9958

1. PLACE OF DEATH  
 County Gasper Registration District No. 4-1  
 Township Galena Primary Registration District No. \_\_\_\_\_  
 City Gasper (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Allie Mabel Miller  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) E. Jackson (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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. W. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1, 1891</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>6</u>
	DAYS <u>—</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Mo. W. O.</u>		
MOTHER	13. NAME <u>E. W. Walker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. W. O.</u>	
	15. MAIDEN NAME <u>No record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>E. W. Miller</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Free</u> DATE <u>3-21-33</u>		
19. UNDERTAKER (ADDRESS) <u>Miller &amp; Co. Gasper Mo</u>		
20. FILED _____ 19____ Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-33

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to March 31, 1933  
 I last saw her alive on March 31, 1933 Death is said to have occurred on the date stated above, at 5-10-34.  
 The principal cause of death and related causes of importance were as follows:  
Double lobar pneumonia  
 Other contributory causes of importance:  
108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 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) E. J. Martin, M. D.  
 (Address) Gaspar Mo

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.  
 APR 22 1933

