

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

Do not use this space.

20146

File No. _____
Registered No. 46
St. 22 Ward)

1. PLACE OF DEATH
5-0 County Jefferson Registration District No. 476
2-2 Township Waller Primary Registration District No. 3022
7 City St. Louis (No. 23rd St)
2. FULL NAME Bertha Elizabeth Miller
(a) Residence, No. 206 South 3rd St., _____ Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>White</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>Georg W. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 6th 1907</u>		
7. AGE	YEARS	MONTHS
	<u>25</u>	<u>6</u>
		DAYS
		<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</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>De Soto, Mo.</u>		
13. NAME <u>Lucian A. DeChes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co</u>		
15. MAIDEN NAME <u>Nealia Polietto</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Blackwell, Mo</u>		
17. INFORMANT (ADDRESS) <u>Georg W. Miller</u> <u>206 South 3rd St St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Epitaphia</u> DATE <u>6/12 - 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Richardson & Matthews</u> <u>De Soto, Mo</u>		
20. FILED <u>6/12</u> , 19 <u>33</u> . <u>D. P. Paragley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1933

22. I HEREBY CERTIFY that I attended deceased from May 1st to June 18, 1933
I last saw him alive on June 10, 1933 Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
203A 23
Other contributory causes of importance _____

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) Wallace J. ... M. D.
(Address) De Soto, 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.

Handwritten initials

Handwritten number 2035

