

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County CooperRegistration District No. 214File No. 22 4383

Township

Primary Registration District No. 3014

Registered No.

City Boonville (No. St. Ward)2. FULL NAME Mrs Mary 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 24 18527. AGE YEARS 81 MONTHS 11 DAYS 30 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

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) Cincinnati Ohio13. NAME Adam Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Margaret Fullmer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs Andrew Knabe (ADDRESS) Boonville Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE Feb 25 193419. UNDERTAKER Goodman & Bolley (ADDRESS) Boonville Mo20. FILED 2-24 1934 R.W. Boywith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 - 193422. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1933, to Feb 22nd, 1934I last saw her alive on Feb 21st, 1934. Death is saidto have occurred on the date stated above, at 4:20 a. m.

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

Cancer of the Liver

Date of onset

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) R. E. Evans, M. D.(Address) Boonville 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.

