

MAY 25 1934

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

Do not use this space.

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1. PLACE OF DEATH

County Franklin Registration District No. 683
Township Cashley Primary Registration District No. 5911
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Anna 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Peter Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 6 1883</u>				
7. AGE	YEARS <u>50</u>	MONTHS <u>10</u>	DAYS <u>3</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>House wife</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) Germany13. NAME Joseph Smity14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mr. Tony Miller
(ADDRESS) Brimley Green, Mo.18. BURIAL, CREMATION, OR REMOVAL St. Clements DATE 4-11-193419. UNDERTAKER Miss Benschke
(ADDRESS) Brimley Green, Mo.20. FILED Apr 10, 1934 R. W. Hetherlin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th, 193422. I HEREBY CERTIFY, That I attended deceased from April 1st, 1934, to April 9th, 1934.I last saw her alive on April 7th, 1934. Death is saidto have occurred on the date stated above, at 12:15 p. m.

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

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance: 121 131Name of operation none Date of _____What test confirmed diagnosis? chemistry findings 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 _____, 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? No

If so, specify _____

(Signed) J. B. Biggs, M. D.(Address) Brimley Green, 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.

