WHERE 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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Macon — Registration District No. 533 — File No. 21118
Township Hudson — Primary Registration District No. ~~[illegible]~~ 5713 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Lillie D. Miller

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF P. T. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st 1875

7. AGE — YEARS 59 — MONTHS 3 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) Macon Co Mo.

FATHER
13. NAME David Fuller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

MOTHER
15. MAIDEN NAME Sarah Pinkerman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio.

17. INFORMANT (ADDRESS) P. T. Miller Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 7-1-1934

19. UNDERTAKER (ADDRESS) Stephens & Goodding Macon, Mo.

20. FILED Aug 9 1934 Lane Cross Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1933, to June 28, 1934
I last saw her alive on June 28, 1934 Death is said to have occurred on the date stated above, at 8:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	6-25-34
59	
122 B	
102	
Other contributory causes of importance:	
Diabetes	1930±
Hypertension	1928±

Name of operation None 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? no
If so, specify
(Signed) T F Turner, M. D.
(Address) Macon, Mo.