

JUL 20 1935

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

Do not use this space.

19398

1. PLACE OF DEATH

County Franklin Registration District No. 247
Towship Washington Primary Registration District No. 2016
City Washington, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 68

2. FULL NAME Emma Bollmann Miller

(a) Residence, No. Washington Mo 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. 9 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED—
HUSBAND OF _____
(OR) WIFE OF Algernon Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 8 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
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) Washington Mo
(STATE OR COUNTRY)13. NAME David Bollmann14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)15. MAIDEN NAME Magdalene Deister16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)17. INFORMANT Mrs Anto Ruether
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Tiffin Ohio
PLACE Tiffin, Ohio DATE June 30th 193519. UNDERTAKER Otto & Co
(ADDRESS) Washington Mo20. FILED June 26- 1935 Kaway
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 193522. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to June 26 1935

I last saw her alive on June 26 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Diabetes mellitus. Date of onset _____

Other contributory causes of importance: _____

Name of operation None Date of _____What test confirmed diagnosis? Diabetology Was there an autopsy? No23. 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) Frank J. Waus, M. D.(Address) 311 North Washington, 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.

