JUL 29 1935

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

Do not use this space.

21862

1. PLACE OF DEATH
County Stoddard — Registration District No. 838 — File No. 179
Township — Primary Registration District No. 4509 — Registered No.
City Dexter (No. ..... St. ..... Ward)

103
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2. FULL NAME Marguerite Ann 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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~Mch~~ Jan. 10 - 1932

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 3 | 5 | 12 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) Flint Mich.

FATHER

13. NAME George Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER

15. MAIDEN NAME Marguerite Schaeffer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dexter Mo.

17. INFORMANT (ADDRESS) Mrs Josephine Schaeffer Dexter Mo

18. ~~BURIAL, CREMATION,~~ OR REMOVAL
PLACE Flint Mich. DATE 6-24- 1935

19. UNDERTAKER (ADDRESS) Co Biggs & Co.

20. FILED 7-10 1935 Alice L. Norman Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22-, 1935, to 6-22-, 1935
I last saw her alive on 6-22-, 1935. Death is said to have occurred on the date stated above, at 11 15 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Intrapleural hemorrhage after being run over by an automobile | 200 |

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? Accident Date of injury 6/22/, 1935
Where did injury occur? Dexter Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
On a public street.
Manner of injury Run over by an auto.
Nature of injury Chest crushed.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank LaRue M. D.
(Address) Dexter 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.

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