

SEP 20 1935

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

Do not use this space.

26135

1. PLACE OF DEATH

County Gasconade Registration District No. 300
Township Brushcreek Primary Registration District No. 5423
City (No.) St. (Ward)

File No. _____

Registered No. 83

2. FULL NAME

Lydia Miller
(a) Residence, No. _____ St. _____ Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Andrew Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 30 1894</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>1</u>	DAYS <u>17</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gasconade Co Mo</u>
13. NAME <u>H. J. Zimm</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gasconade Co Mo</u>
15. MAIDEN NAME <u>Hilda Hengstenberg</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gasconade</u>
17. INFORMANT <u>Andrew Miller</u> (ADDRESS) <u>OAK HILL MO</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Overseville</u> DATE <u>8-19</u> 19 <u>35</u>
19. UNDERTAKER (ADDRESS) <u>W. F. Gettenshock</u> <u>Overseville Mo</u>
20. FILED <u>9-2</u> 19 <u>35</u> <u>A. J. Ferrell,</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 193522. I HEREBY CERTIFY, That I attended deceased from Aug 17 1935 to Aug 17 1935.I last saw h. alive on Aug 17 1935 to Aug 17 1935. Death is said to have occurred on the date stated above, at Overseville.The principal cause of death and related causes of importance were as follows:
Came to her death through dropsy caused by kidney and heart disease.Date of onset Aug 17 1935Verdict of Coroner's jury

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 all 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 Chronic _____ M. D.(Signed) Blond _____(Address) Gasconade Co

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.

