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.

OCT 17 1935

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

Do not use this space.

28789

85

1001

File No.
Registered No. 936

1. PLACE OF DEATH
County Buchanan,
Registration District No.
Primary Registration District No.
Township
City St. Joseph, (No. 2409 North 7th. St. Ward)

2. FULL NAME Augusta G. Miller,
(a) Residence, No. 2409 North 7th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert S. Miller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1865

7. AGE: Years 70 | Months 1 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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. At Home,
10. Date deceased last worked at this occupation (month and year) September 1935,
11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

FATHER
13. NAME William G. Gnuschke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

MOTHER
15. MAIDEN NAME Caroline Mandler,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT Albert S. Miller
(ADDRESS) 2409 North 7th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Long Branch Cem. DATE Sept. 26, 1935

19. UNDERTAKER Healey-Beckett-Bowman
(ADDRESS) 319 So. 10th. St. Funeral Home

20. FILED 9-26, 1935 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25th, 1935

22. I HEREBY CERTIFY, That I ~~attended~~ saw deceased ~~from~~ Sept. 25, 1935, to, 19..
I last saw h. alive on, 19.. Death is said to have occurred on the date stated above, at 9:10 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	

Other contributory causes of importance:
no facts (Shrubber Secretes)

Name of operation none Date of
What test confirmed diagnosis? Clin. Path. 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) Forest Thomas Coroner, M. D.
(Address) 731 Faraon