NOV 13 1935

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

Do not use this space.

35047

File No.

Registered No.

4 1. PLACE OF DEATH
County Cauarain
2 Township Prairie
3 City Laddonia Mo. (No. St. Ward)

Registration District No. 24
Primary Registration District No. 4018

2. FULL NAME Carrie Ferguson 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): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29-1847

7. AGE: YEARS 88 | MONTHS 4 | 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. Home-Keeper
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) Pittsburgh Pen.

FATHER
13. NAME Robert Hugh Ferguson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Know

MOTHER
15. MAIDEN NAME Susan Wildebrand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs Henry Sonneteker
(ADDRESS) Laddonia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER H. G. Granger
(ADDRESS) Laddonia Mo

20. FILED 11-2 1935 W K McCall
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1935 to Nov. 1, 1935
I last saw ~~he~~ or alive on Nov. 1, 1935. Death is said to have occurred on the date stated above, at 6.30 P.M.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 10-29-35

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Other contributory causes of importance
Diabetes Mellitus (Chronic)

Name of operation Date of
What test confirmed diagnosis Clinical 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) W K McCall, M. D.
(Address) Laddonia Mo.

WRITE 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.

MARGIN RESERVED FOR BINDING

U.S. 1902.2
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