SEP 29 1936

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

Do not use this space.

27676

1. PLACE OF DEATH
County: Randolph
Township: Sally Spring
City: ... (No. ..., ... St. ... Ward)
Registration District No. 733
Primary Registration District No. 5961
File No.
Registered No.

2. FULL NAME: Ivola Mason Miller

(a) Residence, No. 6 Miles West Of Cairo, 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: 60 yrs. 11 mos. 15 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Wilson Miller.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 9-1875

7. AGE: Years 60 | Months 11 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.
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): 1915
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co. Mo.

FATHER
13. NAME: Wm I Mason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co. Mo.

MOTHER
15. MAIDEN NAME: Ithema Owens,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph Co. Mo.

17. INFORMANT: Wilson Miller.
(ADDRESS): Huntsville, R.F.D. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mason Cem. DATE: July 26-36

19. UNDERTAKER: Snow Funeral Home.
(ADDRESS): Moberly, Mo.

20. FILED: Sept-10-1936 Mrs. D. A. Barnhart, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1936 to July 24 1936
I last saw him alive on July 24 1936. Death is said to have occurred on the date stated above, at 2.00 PM.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	July 15-36

Other contributory causes of importance: Emphysema chronic

Name of operation: X 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? 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) Dr. J. P. Allen, M. D.
(Address) Cairo, 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.