

DEC 30 1936

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

Do not use this space.

1. PLACE OF DEATH

County Ste Genevieve
Township Union
City Union (No.)

Registration District No. 937
Primary Registration District No. 6026

File No. 42377
Registered No. 14
St. Ward)

2. FULL NAME

Elizabeth 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unmarried

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry J. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Wengarten
(STATE OR COUNTRY) Prussia

13. NAME Phillip Walk

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Catharine Sebest

16. BIRTHPLACE (CITY OR TOWN) Hohenheim
(STATE OR COUNTRY)

17. INFORMANT Edmund Miller
(ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wengarten Mo DATE 11/22 36

19. UNDERTAKER Geo. C. Basler
(ADDRESS) St. Genevieve Mo

20. FILED 11/20/36 Wm. A. Kette
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1936

22. I HEREBY CERTIFY, That I attended deceased from OCT 15 1929 to Nov 20 1936

I last saw h. or alive on Nov 17 1936 Death is said

to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 1927

Other contributory causes of importance: None

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

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) Arthur E. Myers M. D.
(Address) St. Genevieve 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.

MAR 9 1949