

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.

JAN 27 1937

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

Do not use this space.

43463

1. PLACE OF DEATH
 County Scott Registration District No. 1151
 Township Keleso Mo. Primary Registration District No. 12085
 City Keleso Mo. (No. Residence) St. Ward)

2. FULL NAME Ottillie C. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 - 1889

7. AGE YEARS 47 MONTHS 1 DAYS No. If LESS than 1 day, hrs. or min.

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

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) Keleso Mo.

13. NAME Daniel Georges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keleso Mo.

15. MAIDEN NAME Regina Orber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Mo.

17. INFORMANT Herman J. Miller (ADDRESS) Keleso Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Keleso DATE Nov 20 1936

19. UNDERTAKER P. C. Crowell (ADDRESS) Louisville Mo.

20. FILED 11/19 1936 591 C Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14 1936 to Nov. 17 1936
 I last saw him alive on Nov. 17 1936 Death is said to have occurred on the date stated above, at 8:20 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary pneumonia 11-10-36
 Date of onset

Other contributory causes of importance

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes
 If so, specify
 (Signed) J. J. [Signature], M. D.
 (Address) Keleso, Mo.

