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.

FEB 27 1937

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

Do not use this space.

2093

1. PLACE OF DEATH
County: LINN
Township: SOUTH BENTON
City: PURDIN (No. 2 St. ..... Ward)

Registration District No. 504
Primary Registration District No. 4307

File No. .....
Registered No. 1

2. FULL NAME: MILLY ANN 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: FRANK MILLER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN'Y 21 1845

7. AGE: YEARS 91 | MONTHS 11 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LINN COUNTY MISSOURI

FATHER
13. NAME: WILLIAM KENNEDY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKY

MOTHER
15. MAIDEN NAME: MARY GUYER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): MRS. LON McNALLY PURDIN, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL
PLACE: BEAR BRANCH DATE: JAN'Y 19 1937

19. UNDERTAKER (ADDRESS): THORNE UNDERTAKING CO. LINNEUS, MISSOURI

20. FILED 1-19- 1937 U C Dryden Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): JAN'Y 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937, to Jan 18, 1937
I last saw h. alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 5 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-15-36

Other contributory causes of importance:

Chronic Nephritis

Name of operation ..... 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? .....
If so, specify .....
(Signed) Gilbert H. Kroeger D.O.
(Address) Purdin, Mo.