

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Callaway  
Township Calwood  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 108  
Primary Registration District No. 5157a

File No. 11405  
Registered No. 86  
\_\_\_\_\_ (Ward)

2. FULL NAME

Fannie 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 7 17

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

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) Callaway County Missouri

13. NAME Daniel Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Virginia

15. MAIDEN NAME Gills Ann Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Missouri

17. INFORMANT A. B. Miller (ADDRESS) Bachelor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Harmony County DATE Mar 26 1937

19. UNDERTAKER Hughes Maupin (ADDRESS) Aux. Va. Mo.

20. FILED Mar 26 1937 R. N. Crewe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937, to March 24, 1937. I last saw her alive on March 23, 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Chronic cystitis Date of onset \_\_\_\_\_

Other contributory causes of importance: 25

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) H. B. Nichols, M. D.  
(Address) Aux. Va. Missouri

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.

