

AUG 3 1 1937

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

Do not use this space.

28637

1. PLACE OF DEATH
 County Washington Registration District No. 1103
 Township Jopson Primary Registration District No. 6186
 City No. _____ St. _____ Ward _____

2. FULL NAME Mary Emily Miller
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 46 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OF RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND-OF Andrew Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1860
 7. AGE YEARS 76 MONTHS 6 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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) Washington Co Mo
 MOTHER / FATHER 13. NAME Manuel Emily
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wash Co Mo
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Andrew Miller (ADDRESS) Sullivan Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bryant Cemetery DATE July 18 1937
 19. UNDERTAKER (ADDRESS) Thos O Harmon Sullivan
 20. FILED July 25 1937 Theo O Harmon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 1937
 22. I HEREBY CERTIFY that I attended deceased from Jan 1 1937 to July 17 1937
 I last saw her alive on July 15 1937. Death is said to have occurred on the date stated above, at 1:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Amyocardia Date of onset July 15 1937
Hypertension
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis physical 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? _____
 If so, specify _____
 (Signed) W. P. Boyse, M. D.
 (Address) Sullivan 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.

