NOV 17 1937

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

Do not use this space.

File No. 37529
Registered No. 32

1. PLACE OF DEATH

County Daviess — Registration District No. 250
Township — Primary Registration District No. 4150
City Gallatin (No. ..., ..., St. ..., Ward)

2. FULL NAME Mary 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: life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	92	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) Oct. 1927
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co. Missouri

FATHER
13. NAME ... Clendening
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Eunice Ward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT Elza Miller
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herndon Cemetery DATE Oct. 9, 1937

19. UNDERTAKER Hope Furn. & Undt. Co.,
(ADDRESS) Gallatin, Mo.

20. FILED Oct. 9, 1937 H. A. Hope, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1937, to Oct 7 – 1937
I last saw her alive on Oct. 5 – 1937. Death is said to have occurred on the date stated above, at 1:20 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Debility of age.	
No disease	

Other contributory causes of importance:

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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? No
If so, specify ...
(Signed) L. R. Dodson, M. D.
(Address) Gallatin, 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.