

REC'D JUN 23 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17577
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 8
 (b) Township Lincoln Primary Registration District No. 0011 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Matilda Miller
 (a) Residence, No. Andrew Co. Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-25-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 5 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo.

FATHER 13. NAME Rudolf Stucki
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Resmij
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Fred Miller
Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE SAVANNAH DATE 5-19-1938

19. FUNERAL DIRECTOR (ADDRESS) J. E. C. Berg
Savannah Mo

20. FILED May 19, 1938 J. W. Holcomb
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-17, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1938 to May 17, 1938
 I last saw him alive on May 16, 1938 Death is said to have occurred on the date stated above, at 79 m.

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

arteriosclerosis obliterans
right leg 57-
Date of onset

Other contributory causes of importance:

No Facts

Name of operation _____ 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 of injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) Walter O. Myers, M. D.
 (Address) Savannah Mo

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)