

REC'D JUN 16 1938

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

18865
Do not use this space.

1. PLACE OF DEATH

(a) County Müller Registration District No. 561
(b) Township Saline Primary Registration District No. 4330
(c) City Bedon (d) Street No. _____ Registered No. 41
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

Minnie Stella Müller 46
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Telephone
9. Industry or business in which work was done, as saw mill, bank, etc. operator
10. Date deceased last worked at this occupation (month and year) Aug 1937 11. Total time (years) spent in this occupation 75

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

FATHER 13. NAME Samuel Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Margaret Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Cell Miller
Bedon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedon DATE 5-17 1938

19. FUNERAL DIRECTOR (ADDRESS) Phillips Funeral Home
Bedon, Mo.

20. FILED 6-17 1938 Belle Haynes
Legal Registrar. 495

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15 1938

22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to May 15, 1938

I last saw her alive on May 13, 1938. Death is said to have occurred on the date stated above, at 5:40 A.M.

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

Cancer of breast

Date of onset
1937

Other contributory causes of importance:

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) James D. Allen, M. D.

(Address) Eldon Mo.

STATEMENT BY LICENSED EMBALMER

I, Louis D. Phillips, Licensed Embalmer No. 3663

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

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

Signed Louis D. Phillips
Licensed Embalmer No. 3663

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