

REC'D JUN 7 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County *Madison*Township *Roll*City *Maryville Mo.* (No. \_\_\_\_\_)Registration District No. *628*Primary Registration District No. *3031*File No. *19052*Registered No. *5-8*

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Ada Iona Miller*(a) Residence, No. *210 E 4* St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

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.

## 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 *E O Miller*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *11 22 1875*7. AGE YEARS *62*MONTHS *6*DAYS *1*

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) *Wain la Iowa* (STATE OR COUNTRY)13. NAME *Columbus Yates*14. BIRTHPLACE (CITY OR TOWN) *Iowa* (STATE OR COUNTRY)15. MAIDEN NAME *Irabelle Dill*16. BIRTHPLACE (CITY OR TOWN) *Iowa* (STATE OR COUNTRY)17. INFORMANT *E O Miller* (ADDRESS) *Maryville Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Chas. B. G. Co.* DATE *5-24-1938*19. UNDERTAKER *Campbell Funeral Home* (ADDRESS) *Maryville Mo.*20. FILED *5-25-1938* *Mable E. Clardy* Registrar *55* (Address) *Maryville-Mo*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-23-1938*22. I HEREBY CERTIFY, That I attended deceased from *1930 Mar-1930* to *May*, 19\_\_\_\_I last saw her alive on *May 22-1938*, 1938. Death is saidto have occurred on the date stated above, at *2:45 a.m.*

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

*status Epilepticus.*Date of onset *1930*Other contributory causes of importance: *none*Name of operation *None* Date of \_\_\_\_\_What test confirmed diagnosis? *Empyema* Was there an autopsy? *No*

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? *No* Date of injury \_\_\_\_\_, 19\_\_\_\_Where did injury occur? *L* (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) *Maryanne* M. D.(Address) *Maryville-Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

