

SEP 28 1938

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

Do not use this space.

30298

1. PLACE OF DEATH

County Worth

Township Shelene

City

(No.)

Registration District No. 1057

Primary Registration District No. 6217

File No.

Registered No.

St.

Ward)

2. FULL NAME America Ellen Miller

(a) Residence, No.

(Usual place of abode)

St.

Ward.

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

MEDICAL CERTIFICATE OF DEATH

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

George Elmer Miller

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

Oct. 1, 1878

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

10

13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House wife

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)

Oxford, Missouri.

13. NAME

William Henry Foland

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

Ohio.

15. MAIDEN NAME

Elizabeth Carroll

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

Oxford, Missouri.

17. INFORMANT (ADDRESS)

George Elmer Miller

Parnell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Parnell, Mo.

DATE Aug 16, 1938

19. UNDERTAKER (ADDRESS)

Roof & Blains
Parnell, Mo. By Madame

20. FILED

Aug. 16, 1938

Mrs. C. H. Bond.

Registrar.

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

Aug. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1938 to Aug 16, 1938

I last saw him alive on Aug 14, 1938 Death is said

to have occurred on the date stated above, at 10 P. m.

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

Chronic Bright Disease
and

Other contributory causes of importance:

Heart complications

Date of onset

Unknown

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

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)

Edbert Crowson
Parnell Mo

(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten text, possibly a signature or date, appearing as "1871" and "1872".

Handwritten text, possibly a signature or date, appearing as "1871" and "1872".

Handwritten text, possibly a signature or date, appearing as "1871" and "1872".

Handwritten text, possibly a signature or date, appearing as "1871" and "1872".

Handwritten text, possibly a signature or date, appearing as "1871" and "1872".