REC'D OCT 5

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

Do not use this space.

1. PLACE OF DEATH
County: BARTON — Registration District No.: 39 — File No.: 31617
Township: — Primary Registration District No.: 4023 — Registered No.:
City: GOLDEN CITY (No. , St. Ward)

2. FULL NAME: EMMA MARIE MILLER
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: HENRY J. MILLER
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 15 - 1858
7. AGE — YEARS: 79 — MONTHS: 10 — DAYS: 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
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) (STATE OR COUNTRY): CARLINVILLE ILLINOIS

FATHER
13. NAME: HENRY GILLMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER
15. MAIDEN NAME: KATHERINE SINOLTZ
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT: MRS. J. R. MALLORY
(ADDRESS) GOLDEN CITY, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE I.O.O.F. CEM. GOLDEN CITY, MO. DATE SEPT. 29, 1938
19. UNDERTAKER: E. A. PHILLIPS
(ADDRESS) GOLDEN CITY, MO.
20. FILED Sept 28, 1938 Mrs Margaret Grace Jay Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): SEPT. 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 7, 1938, to Sept. 27, 1938
I last saw ~~or~~ alive on Sept. 26, 1938. Death is said to have occurred on the date stated above, at 9:25 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Parotitis (Rt. sided) NOT MUMPS	Sept. 26
1320	
Other contributory causes of importance: Pyelitis (Rt. kidney)	Sept. 7

Name of operation: Clinical — 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?
If so, specify
(Signed) Dern T. Bickel, M. D.
(Address) Lamar, Mo.

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RECEIVED
District Health Officer No. 6
District File Number 6-38-217
Date Filed 10-3-76