REC'D JUN 8 1939

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

17983
Do not use this space.

1. PLACE OF DEATH
(a) County Bollinger
(b) Township ~~Lorance~~
(c) City Glen Allen
Registration District No. 1026
Primary Registration District No. 4560
Registered No. 28
(d) Street No. ..... St.
(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 Lucinda Miller
(a) Residence, No. Glen Allen St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72		8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Gresey, Mo

FATHER
13. NAME John D. Robins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

MOTHER
15. MAIDEN NAME Amanda Cooper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

17. INFORMANT S. G. Page
(ADDRESS) Luteseville, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Glen Allen DATE April 19th, 1939

19. FUNERAL DIRECTOR (NAME) Vlad Rowe
(ADDRESS)

20. FILED Apr. 19, 1939 Mrs. Nellie H. Van Ambrugh
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 16, 1939, to Apr. 16, 1939
I last saw h. alive on Apr. 16, 1939. Death is said to have occurred on the date stated above, at 9:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Influenza

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) O. D. Laughlin, M. D.
(Address) Luteseville

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

X14023

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.