

REC'D AUG 11 1939

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

25111
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 722 Registered No. 783
 (e) Length of residence in city or town where death occurred 50 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
North 6th. St.

2. PRINT FULL NAME

Ida America Miller
 (a) Residence, No. 722 North 6th. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 11, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as 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) Lancaster County /
 (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Zackerich Garreth /

14. BIRTHPLACE (CITY OR TOWN) Unknown /
 (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Mary Diggin

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

17. INFORMANT Mrs. Mable Vey
 (ADDRESS) 1409 Olive St. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Auburn Cemetery DATE July 29, 1939

19. FUNERAL DIRECTOR (NAME) Walter Meischer
 (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED July 29 1939 A. J. Neutelsch
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 7-21, 1939 to 7-27, 1939

I last saw h. or alive on 7-27, 1939 Death is said to have occurred on the date stated above, at 7:05P m.

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

Contused left hip due to fall Date of onset 7/24/39

Other contributory causes of importance: arterio sclerosis

Name of operation Date of no
 What test confirmed diagnosis? clinical as there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide suicide Date of injury 7-21, 1939
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall out of bed
 Nature of injury contused left hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify L. Bauman, M. D.
 (Signed) L. Bauman
 (Address) Kirkpatrick Bldg. St. Joseph, Mo.

N. E.—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.

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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..... Missouri #394

P. O. Address..... St. Joseph, Mo.

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.