

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.

NOV 26 1935

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

Do not use this space.

33670

1. PLACE OF DEATH

County Osage Co. Registration District No. 708  
Township North Green Primary Registration District No. 57378  
City                      (No.                      St.                      Ward                     )

File No.                       
Registered No. 20

2. FULL NAME

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas S. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7 1866</u>		
7. AGE <u>69</u>	YEARS <u>5</u>	MONTHS <u>19</u>
If LESS than 1 day, hrs. <u>                    </u> or min. <u>                    </u>		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>
11. Total time (years) spent in this occupation <u>                    </u>	

12. BIRTHPLACE (CITY OR TOWN) Near Star City, Mo.  
(STATE OR COUNTRY)

13. NAME Charles Ashworth  
14. BIRTHPLACE (CITY OR TOWN) Osage Co.  
(STATE OR COUNTRY)

15. MAIDEN NAME Lavinia Jane Friend  
16. BIRTHPLACE (CITY OR TOWN) Osage Co.  
(STATE OR COUNTRY)

17. INFORMANT Thomas S. Miller  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Star Bridge DATE Oct 23 1935

19. UNDERTAKER White & Erwin - Bolivar  
(ADDRESS)

20. FILED Oct 27 1935 Mal Zimm  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1935  
22. 00 I HEREBY CERTIFY, That I attended deceased from Oct 23 1935 to Oct 26 1935  
I last saw her alive on Oct 23 1935 Death is said  
to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis  
                      
                      
                      
Other contributory causes of importance  
                      
                      
                    

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                     , 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) L. A. Haseo, M. D.  
(Address)

