

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

Do not use this space.

1938

1. PLACE OF DEATH

County Stoddard
Township Easton
City (No.) St. Ward

Registration District No. 837
Primary Registration District No. 6099

File No.
Registered No.

2. FULL NAME

Madeline Marion Miller

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) " "

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-6-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 1 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bloomfield Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Elmer Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomfield
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Emile Cot

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stoddard Co. Mo
(STATE OR COUNTRY)

14. INFORMANT Elmer Miller
(Address)

15. FILED 4-9-1928 J. S. Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 1928

17. I HEREBY CERTIFY, That I attended deceased from March 23, 1928, to March 23, 1928 that I last saw h.s. alive on March 23, 1928, and that death occurred, on the date stated above, at 1:00 o'clock m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia with Inflammation of
Mucous Cells
109A
89B (duration) yrs. mos. 16 da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH at Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) E. A. Berry M. D. , 19 (Address) Bloomfield Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Base Ridge Cemetery DATE OF BURIAL 3-24 1928

20. UNDERTAKER J. A. Child ADDRESS Bloomfield

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. 1928

