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

Do not use this space.
15427

1. PLACE OF DEATH

County: Montgomery — Registration District No.: 692 — File No.: 20

Township: — Primary Registration District No.: 4350 — Registered No.:

City: Montgomery (No. ..., ... St. ..... Ward)

2. FULL NAME Mrs Ada May 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 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3rd 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	9	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Mexico Missouri

PARENTS

10. NAME OF FATHER Mr Washburn

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

12. MAIDEN NAME OF MOTHER Un Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Un Known

14. INFORMANT Dan Miller
(Address) Montgomery City Mo

15. FILED 4/10/29, 19 29 D. J. Bentley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/6/29 19

17. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1929, to Apr 6, 1929, that I last saw h... alive on Apr 2, 1929, and that death occurred, on the date stated above, at 8:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis and Diabetes Mellitus
59
59 53 (duration) 3 mo yrs. mos. ds.
Prior history given

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E.W. Tinsley, M. D
4/8, 1929 (Address) Montgomery City Mo

*State the DISEASE CAUSING DEATH, or if 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	DATE OF BURIAL
Montgomery City Cemetery	4/7/29 19

20. UNDERTAKER	ADDRESS
C. W. Hopkins Montgomery	City Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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