

OCT 23 1929

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

Do not use this space.
30408
Dr. Russell
File No. 107
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Linn Registration District No. 218
Township Boonville Primary Registration District No. 5298
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Anna Laura Miller

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 23-1918</u>		
7. AGE	YEARS	MONTHS
	<u>11</u>	<u>5</u>
		<u>15</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>at Home.</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Cooper County</u>		
(STATE OR COUNTRY) <u>Missouri</u>		
10. NAME OF FATHER <u>John H. Miller</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)		
(STATE OR COUNTRY) <u>Cooper County Mo.</u>		
12. MAIDEN NAME OF MOTHER <u>Anna Patterson</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		
(STATE OR COUNTRY) <u>Cooper County Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 2 1929 to Feb 7 1929 that I last saw her alive on Feb 7 1929 and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
99% Influenza

(duration) yrs. mos. 10 ds.
CONTRIBUTORY Gloves Valves
(SECONDARY) lesion (duration) 9 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) Dr. Russell M. D.
, 19 (Address) Boonville 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.

14. INFORMANT John H. Miller
(Address) Boonville Mo.

15. FILED Apr 9 1929 W. H. Kinley
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Sept. 9 1929

20. UNDERTAKER Goodman & Daller ADDRESS Boonville Mo

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.

