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

Do not use this space.

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24662

File No.
Registered No. 6821

1. PLACE OF DEATH

County
Township
City Stharns (No. 4403 Pennsylvania St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME Anna Miller

(a) Residence. No. 4403 Pennsylvania St., 15 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 26 - 1866

7. AGE: YEARS 63 | MONTHS 11 | DAYS 15 | If LESS than 1 day, ...hrs. or ....min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Don't know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Sophia Bean
(Address) 4403 Pennsylvania

15. FILED JUL 13, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to July 11, 1930 that I last saw her alive on July 10, 1930 and that death occurred, on the date stated above, at 8 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Omentum
46 G
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 45
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. Chaw, M. D.
7/11, 1930 (Address) 1807 S 18

*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: S. S. Peter + Paul Cem
DATE OF BURIAL: 7-14 1930

20. UNDERTAKER: Weick Bros
ADDRESS: 2201 So Grand

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.