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

Do not use this space.

2536

1. PLACE OF DEATH
County Nodaway
Township ~~Rolk~~
City Maryville
Registration District No. 625
Primary Registration District No. 3031
File No.
Registered No. 8
(No. , St. Ward)

2. FULL NAME Marie Rachel 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: 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 B. D. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 30, 1879

7. AGE: YEARS 53 | MONTHS | DAYS 9 | If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nodaway Co.

FATHER
13. NAME Geo R. Schrock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Mary Coy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) B. D. Miller Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Jan 11 1933

19. UNDERTAKER (ADDRESS) Price Furniture Co. Maryville, Mo.

20. FILED 1-10 1933 Mamie E Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1932, to Jan. 9, 1932
I last saw her alive on Jan 9, 1932 Death is said to have occurred on the date stated above, at 7:38 am
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia - Date of onset Jan 5th
108 108
Other contributory causes of importance:

Name of operation none Date of -
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

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? No
If so, specify
(Signed) Jack Rowlett, M. D.
(Address) Maryville Mo