

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

Do not use this space.

AN 26 1934

40666

1. PLACE OF DEATH
 County Covington Registration District No. 508 File No. _____
 Township _____ Primary Registration District No. 3026 Registered No. 154
 City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME Rosa Virginia Miller
 (a) Residence, No. _____ St., _____ Ward. Praymer Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|----------|-----------|--|
| | <u>73</u> | <u>4</u> | <u>11</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Iowa

FATHER

13. NAME John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER

15. MAIDEN NAME Anna Swartzwelder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Ella E. Whitwell
 (ADDRESS) Praymer Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Praymer, Mo. DATE 12-26-33

19. UNDERTAKER C. P. Michael
 (ADDRESS) Praymer, Mo.

20. FILED 12-26-33 Donald M. Dowell
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1933

22. I HEREBY CERTIFY That I attended deceased from Sept. 2, 1933 to Dec. 26, 1933.
 I last saw her alive on Dec. 26, 1933 Death is said to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma Caecum Date of onset _____

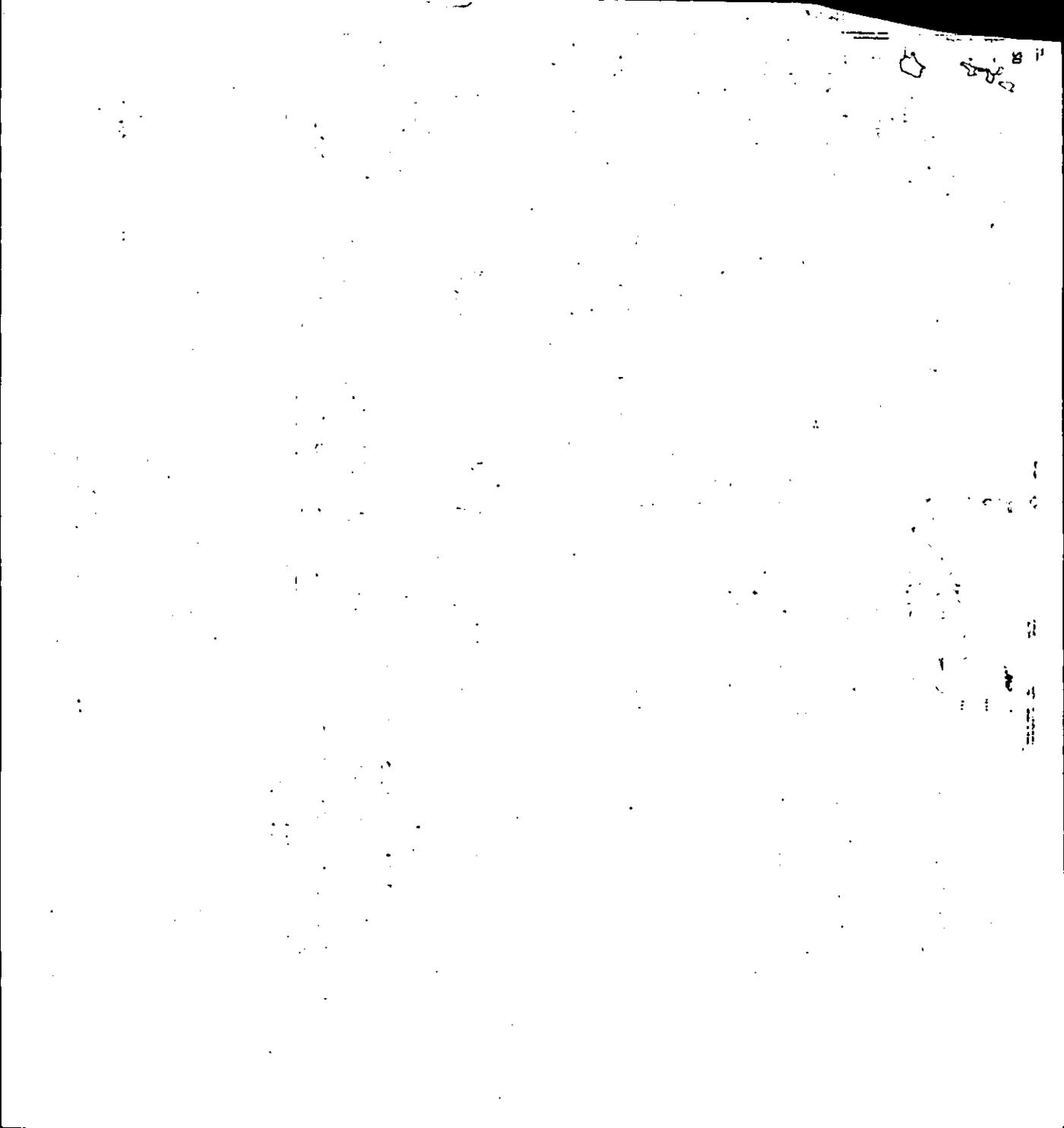
Other contributory causes of importance _____

Name of operation None Date of _____
 What test confirmed diagnosis? touch & X-ray 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) Emmerson, M. D.
 (Address) Chillicothe Mo.



DO NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Livingston Registration District No. 508
Township Phillips Primary Registration District No. 9026
City Phillips (No. 1) St. Mo. Ward 1
2. FULL NAME Rosa Virginia Miller
(a) Residence, No. 1 St. Mo. Ward 1
(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 _____ 4. COLOR OR RACE _____ 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) Aug 15, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____
13. NAME _____
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____
19. UNDERTAKER (ADDRESS) Ronald A. Howell
20. FILED _____ 19 _____ R.A. Howell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1935
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

SUPPLEMENTARY

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