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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD

OCT 21 1936

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

Do not use this space.

35428

File No.

Registered No. 9

1. PLACE OF DEATH
County St Francois Registration District No. 1115
Township Liberty Primary Registration District No. 6021
City (No. St. Ward)

2. FULL NAME Mary Jane Frances Ellen Miller.
(a) Residence, No. (Usual place of abode) Rfd #10 Knob Lick Mo. (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Mary Ellen Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2nd 1862 Abstract
7. AGE: YEARS 74. MONTHS 2 DAYS 6 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year): 1 yrs
11. Total time (years) spent in this occupation: all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo

FATHER
13. NAME: George Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dublin Ireland

MOTHER
15. MAIDEN NAME: Nancy Bruin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Francois Co Mo

17. INFORMANT (ADDRESS): Fred Miller
18. BURIAL, CREMATION, OR REMOVAL PLACE: Lebanon Mo Pro — 1936
19. UNDERTAKER (ADDRESS): Ed H. Webb Funeral Director Knob Lick Mo
20. FILED 9/9 1936 W. J. A. Roydeen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 8 — 1936
22. I HEREBY CERTIFY, That I attended deceased from June 3 — 1936 to Sept 8, 1936
That I last saw him alive on Sept 8 — 1936 Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach.	

Other contributory causes of importance: Gastric Ulcer.

Name of operation: None Date of: —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) W. O. Barker, M. D.
(Address) Fredericktown, Mo.

