

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

Do not use this space.

17619

**1. PLACE OF DEATH**

County St. Francois Registration District No. 1115  
Township Libertyville Primary Registration District No. 6021  
City (No. ....) Ward .....

File No. ....  
Registered No. 10 St. .... Ward)

**2. FULL NAME**

Mary Ellen 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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Benj. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7-1871</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>9</u>
	DAYS <u>0</u>	IF LESS than 1 day, .... hrs. or .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Ky.</u>		
FATHER	13. NAME <u>John Montroy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Ann Gillam</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT (ADDRESS) <u>Benj. Miller</u> <u>R #1 Post Office, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Libertyville</u> DATE <u>May 9, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. H. Webb</u> <u>Fruerietown, Mo.</u>		
20. FILED <u>5/8</u> 19 <u>33</u> <u>H. S. A. Rydeen</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1922 to May 7 1933  
I last saw her alive on Nov. 1 1932 Death is said to have occurred on the date stated above, at 3:00 m.  
The principal cause of death and related causes of importance were as follows:  
Apoplexy,  
927,  
827,  
12715  
920  
Other contributory causes of importance:  
Valvular heart lesions with gall bladder infections

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 Harry Bosson M. D.  
(Signed) Harry Bosson M. D.  
(Address) Fruerietown Mo.

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.

JUN 23 1933

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