

OCT 30 1930

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

Do not use this space.

33579

1. PLACE OF DEATH

County Monticau  
Township Waller  
City California (No. \_\_\_\_\_)

Registration District No. 4335  
Primary Registration District No. 4335

File No. \_\_\_\_\_  
Registered No. 55 (Ward)

2. FULL NAME

Millie Anna Dohler

(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

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

John Dohler

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

Oct 11-1877

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

53

6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

Monticau Co

10. NAME OF FATHER

Godfrey Rosch

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Switzerland

12. MAIDEN NAME OF MOTHER

Barbara Nickles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ohio

14. INFORMANT (Address)

John Dohler  
California, Mo

15. FILED

10/18 1930

Jas. W. Teth  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH, (MONTH, DAY AND YEAR) 10-17-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-25-1930 to 10-17-1930 that I last saw her alive on 10-16-1930, and that death occurred, on the date stated above, at 7-30 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute ascending Paralysis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

3 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. R. Popejoy, M. D.

10-18-1930 (Address) California Mo

\*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

DATE OF BURIAL

Evangelical Cem 10/19 1930

20. UNDERTAKER

ADDRESS

Willisau & Friedman California 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.

