

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

PLACE OF DEATH _____
County _____
Township _____ Registration District No. **791** File No. **30867**
or _____
Village _____ Primary Registration District No. **1003** Registered No. **8779**
or _____
City **St. Louis** (NO. **U.S. Marine Hospital**, Ward **9**)
FULL NAME **James S. Miller** (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** COLOR OR RACE **White** SINGLE MARRIED WIDOWED OR DIVORCED **Married** (Write the word)
DATE OF BIRTH **Nov 19th 85** (Month) (Day) (Year)
AGE **63 10 1** yrs. mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work **Mate**
(b) General nature of industry, business, or establishment in which employed (or employer) **U.S. Snag Boat**
BIRTHPLACE (City or town, State or foreign country) **Iowa**
PARENTS
NAME OF FATHER **Leroy Miller**
BIRTHPLACE OF FATHER (City or town, State or foreign country) **Iowa**
MAIDEN NAME OF MOTHER **Marret Unknown**
BIRTHPLACE OF MOTHER (City or town, State or foreign country) **Iowa**

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **September 20**, 191**4** (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from **April 17**, 191**4**, to **Sept. 20**, 191**4**, that I last saw him alive on **Sept. 20**, 191**4**, and that death occurred, on the date stated above, at **9 P.M.**
The CAUSE OF DEATH* was as follows:
Carcinoma of prostate, bladder and rectum
Contributory **Bright's Disease** (Duration) **2 yrs. 6 mos. 4 ds.**
(SECONDARY) (Duration) **Not known** yrs. mos. ds.
(Signed) **H.C. Driskill** M. D. (Address) **U.S. Marine Hospital**
19-20, 191**4**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Mary S. Miller**
(ADDRESS) **707 Seyer St**

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death **5** yrs. **3** mos. **3** ds. In the State **5** yrs. **3** mos. **3** ds.
Where was disease contracted if not at place of death? **Not known**
Former or usual residence **707 Seyer St**
PLACE OF BURIAL OR REMOVAL **Calvary** DATE OF BURIAL **Sept 23 1914**

Filed **SEP 22 1914** 191 **U.S. Snag Boat** Deputy REGISTRAR
UNDERTAKER **M.P. O'Leary** ADDRESS **517 Walnut St**

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____

Township _____

Registration District No. 791

File No. 30867

Village _____

Primary Registration District No. 1003

Registered No. 8779

City St Louis(NO. U.S. Marine Hospital Ward) 9

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

James Le Roy Miller

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)DATE OF BIRTH November 19, 1849
(Month) (Day) (Year)AGE 64 yrs. 10 mos. 1 ds. IF LESS than 1 day, hrs. or min.OCCUPATION (a) Trade, profession, or particular kind of work Master
(b) General nature of industry, business, or establishment in which employed (or employer) U.S. Smoker BoatBIRTHPLACE (City or town, State or foreign country) IowaPARENTS NAME OF FATHER Leroy Miller BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa MAIDEN NAME OF MOTHER Noquet Withrow BIRTHPLACE OF MOTHER (City or town, State or foreign country) IowaTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary E. Miller (ADDRESS) 707 Geyer Ave.Filed 9.24 1915 A. H. Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 20, 1914
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April 17, 1914, to Sept 20, 1914, that I last saw him alive on Sept. 20, 1914 and that death occurred, on the date stated above, at 9 P.M.The CAUSE OF DEATH* was as follows: Carcinoma of prostate bladder and rectum(Duration) 2 yrs. 10 mos. ds. Contributory Bright's Disease (SECONDARY) (Duration) Not known (Signed) H. C. Oakfield M. D. 9-20, 1914 (Address) U.S. Marine Hospital

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 5 mos. 3 ds. In the State 5 yrs. 3 mos. 3 ds. Where was disease contracted if not at place of death? Not known Former or usual residence 707 Geyer Ave.PLACE OF BURIAL OR REMOVAL Calvary DATE OF BURIAL Sept 23, 1914UNDERTAKER Prof. Collins ADDRESS 517 Walnut St.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)