MAR 24 1927

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

Do not use this space.

4627

1. PLACE OF DEATH
County Holt — Registration District No. 372 — File No.
Township Liberty — Primary Registration District No. 5579 — Registered No. 530
City (No. St. Ward)

2. FULL NAME Ora Miller
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
53	0	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(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): Ind.

PARENTS
10. NAME OF FATHER: Nicholas Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio.
12. MAIDEN NAME OF MOTHER: Martha Martin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

14. INFORMANT: Arthur Miller
(Address) Mound City Mo

15. FILED 2-18-27 19 J C Tower REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1927, to Feb 16, 1927 that I last saw him alive on Feb 16, 1927, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes
59
57
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Urine Test
(Signed) D W Perry, M. D
Feb 18, 1927 (Address) Mound City 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: K. P. Cemetery, Maitland, Mo.
DATE OF BURIAL: 2-19 1927

20. UNDERTAKER: W H Crawford
ADDRESS: Mound City 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.