

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

Do not use this space.

8120

**1. PLACE OF DEATH**

County Jackson

Registration District No. 398

Township Kaw

Primary Registration District No. 972

City K.C. Mo

File No. \_\_\_\_\_  
Registered No. 972  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Archie L. Miller

(a) Residence. No. 115 W 9<sup>th</sup> St 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**

Male

**4. COLOR OR RACE**

Wh

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

Single

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

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

Feb 15 1886

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
41	0	13	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Barber

(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)

Cosby Mo

**10. NAME OF FATHER**

William H Miller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ky.

**12. MAIDEN NAME OF MOTHER**

Mary Ann Vestal

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Rockcastle Mo

**14.**

INFORMANT (Address)

V. S. Miller  
1111 S 33rd St. Mo

**15.**

FILED

3/7 1927  
M. M. Crowe  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Mar 6 1927

**17.**

Deputy Coroner  
I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Alcoholism

**CONTRIBUTORY (SECONDARY)**

7.5% W.B.B.

**18. WHERE WAS DISEASE CONTRACTED**

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

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

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. H. Nelson, M. D.

3-6, 1927 (Address) Deputy Coroner

\*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**

St. Joseph, Mo

3/7 1927

**20. UNDERTAKER**

**ADDRESS**

Clark and Co

St. Joe. 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.

67  
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