JUL 25 19

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.

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

Do not use this space.

17583

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85

Township: — Primary Registration District No.: 1001

City: St. Joseph. (No. 1206 Faraon St. St. Ward)

File No.:

Registered No.: 620

2. FULL NAME: Infant 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: Female

4. COLOR OR RACE: White

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): June, 14, 1927

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, 5 hrs. or 15 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: Gilbert Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): DeKalb Co, Mo.

12. MAIDEN NAME OF MOTHER: Josephine Coyle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Faucett, Mo.

14. INFORMANT: Gilbert Miller
(Address): 1206 Faraon St.

15. FILED: JUL 15 1927 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 14, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1927, to June 14, 1927, that I last saw h. alive on June 14, 1927, and that death occurred, on the date stated above, at 2.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16 hr

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. L. Gray, M. D

6/14/, 1924 (Address) Kirkpatrick Bldg, St. Joseph

*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: Mt. Auburn Cemetery — DATE OF BURIAL: June, 15, 27

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.