

SEP 29 1927.

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

Do not use this space.

## 1. PLACE OF DEATH

County Mississippi  
Township Mississippi  
City J. N. Miller (No. ....) St. .... Ward)

Registration District No. 996  
Primary Registration District No. 33.66

File No. 22011  
Registered No. 6

## 2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Lula Johnson Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-21-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
45 9 8

## 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) near C. -  
(STATE OR COUNTRY) Texas

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Texas

12. MAIDEN NAME OF MOTHER Not known  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known  
(STATE OR COUNTRY)

14. INFORMANT X Ozzie Miller  
(Address) Wyatt, Mo.

15. FILED 7/30 1927 J. G. Smith  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ..... 1927 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:

Killed by gun shot -  
Murdered by his son

173 1927 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) 1927 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? .....

19. WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS. Inquest -

(Signed) Frank S. Dennis, M. D.

30, 1927 (Address) Charleston Mo. 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

W- See Cemetery July 30 1927

20. UNDERTAKER ADDRESS  
The Fair - Salween Charleston

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.

WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

