

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

Do not use this space.

23939

SEP 27 1927

1. PLACE OF DEATH

County Cole
 Township Jefferson
 City Jefferson

Registration District No. 213-
 Primary Registration District No. 3014-

File No. _____
 Registered No. 216-
 Ward) _____

2. FULL NAME

(a) Residence. No. 1915 Monroe 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>2</u>	<u>21</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Charles Mth Miller Sr.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Frances Hodges

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
 (STATE OR COUNTRY) _____

14. INFORMANT Dawson & Tanner
 (Address) Jefferson City, Mo.

15. FILED 8/12 - 1927 D. D. Bedford
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 11 1927

17. I HEREBY CERTIFY That I attended deceased from 8/3, 1927, to 8/11, 1927 that I last saw him alive on 8/10/27, and that death occurred, on the date stated above, at 6 ra m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enteric colitis acute

CONTRIBUTORY (SECONDARY) Pertussis (duration) yrs. mos. 14 ds.

(duration) yrs. mos. 12 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) Frank Baker, M. D.
8/19, 1927 (Address) Jefferson 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 Old City Cem DATE OF BURIAL Aug 12 1927

20. UNDERTAKER Dawson Tanner ADDRESS Jefferson 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.

