

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

Do not use this space
1899

1928

1. PLACE OF DEATH

County *Monroe*

Registration District No. *5-82*

File No.

Township

Primary Registration District No. *4344*

Registered No. *12*

City *Paris* (No.)

St. Ward

2. FULL NAME

John Miller

(a) Residence. No. St. Ward

(If nonresident give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Negro

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(or wife of)

Ellen Miller

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

unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

42

8. OCCUPATION OF DECEASED

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

Retired 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)

Mo.

10. NAME OF FATHER

Morton Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER

X X

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

don't know

14. INFORMANT

(Address)

*Ellen Miller
Paris Mo*

15. FILED

Jan 10 1928

N.C. Payne

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *1-1* 19*28*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 2*, 19*27*, to *Jan 1*, 19*28* that I last saw ~~him~~ alive on *Jan 1*, 19*28* and that death occurred, on the date stated above, at *6:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
937 900
97 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

arterio sclerosis
(duration) *3* yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? *no* DATE OF

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *micro*

(Signed) *Geo. W. Reynolds, M. D.*

Paris, 19*28* (Address) *Paris 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

DATE OF BURIAL

Madison mo

1-3 1928

20. UNDERTAKER

Fred A. Thompson

ADDRESS

Madison 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.

