

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

Do not use this space.

2189

1. PLACE OF DEATH

County Randolph
Township _____
City Huntsville (No. _____)

Registration District No. 733
Primary Registration District No. 7438

File No. _____
Registered No. 1
St. _____ Ward _____

2. FULL NAME Oscar Thomas Miller

(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 male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1913

7. AGE	YEARS	MONTHS	DAYS	IF LESS than I day, hrs. or min.
	14	8	14	=

8. OCCUPATION OF DECEASED his father's farm labor work
(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) Chillicothe Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Walter Miller

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

12. MAIDEN NAME OF MOTHER Ada Toulson

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

14. INFORMANT Walter Miller
(Address) Huntsville

15. Jan 17, 1928 G S Bragg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1927 to Jan 14, 1928 that I last saw him alive on Jan 14, 1928, and that death occurred, on the date stated above, at 11 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myo-carditis & Tuberculosis of glands of neck & esophagus
(duration) yrs. mos. da. 2 mos.

CONTRIBUTORY (SECONDARY) Influenza in 1921
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 36 E
IF NOT AT PLACE OF BIRTH.

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS G S Bragg
(Signed) _____, M. D.

1/17, 1928 (Address) Huntsville

*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 Dalton Mo DATE OF BURIAL Jan 17 1928

20. UNDERTAKER Tom Patton ADDRESS Huntsville

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.

1912

1913