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.

MAR 16 1928

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

85

Do not use this space.

4056

File No. 150

Registered No.

1. PLACE OF DEATH

County: Buchanan. Registration District No. 1001

Township: Primary Registration District No.

City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: John D Miller

(a) Residence. No. St., Ward. Burlington Jct, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr. 26. 1892.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	35	11	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): Burlington Jct.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Wesley Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): ILLinois.

12. MAIDEN NAME OF MOTHER: Adaline Boyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio.

14. INFORMANT: Gertrude Miller
(Address): Burlington Jct. MO.

15. FILED FEB 4 1928, 19 John G. Ut
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Febr. 4th 1928.

17. I HEREBY CERTIFY, That I attended deceased from Febr. 4 Feb 4, 1928, to, 19, that I last saw h. alive on, 19, and that death occurred, on the date stated above, at 4/15 a.m.

Viewed on

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Meningitis.
RP. 194R
79A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Traumatic Effusion. recent injury 4 or 5 years Probable to death by Three (duration) yrs. mos. days

18. WHERE WAS DISEASE CONTRACTED? Compression of brain

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF:

WAS THERE AN AUTOPSY? Barely Encounter

WHAT TEST CONFIRMED DIAGNOSIS? Post funeral

(Signed) J. E. Mueller Barber, M. D.

Feb. 4, 1928 (Address) St. Joseph 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: Burlington Jct. Missouri.

DATE OF BURIAL: Febr. 5. 1928.

20. UNDERTAKER: H. O. Lidungfaden

ADDRESS: 1302 Union Str.