19 1928

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

Do not use this space.

4561

1. PLACE OF DEATH

County Gentry  Registration District No. 309  File No.

Township  Primary Registration District No. 4185  Registered No. 7

City Albany (No. ; St. Ward)

2. FULL NAME James Blain Miller

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 1903

7. AGE 24 YEARS 1 MONTHS 28 DAYS  If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

(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) Gentry Co Mo.

PARENTS

10. NAME OF FATHER Elmer Miller

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

12. MAIDEN NAME OF MOTHER Alice Canaday

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

14. INFORMANT Jacob Weaver (Address) Albany Mo.

15. Feb 2, 1928, W. T. Martin, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1928

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1927 to Feb 2, 1928, that I last saw him alive on Feb 1, 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs 2 3A

About 2 yr (duration) yrs. mos. ds.

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

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

(Signed) J. E. Graham, M. D.

Feb 2, 1928 (Address) Albany 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: Brick Church cemetery  DATE OF BURIAL: Feb. 3 1928

20. UNDERTAKER: H W Bare & Son  ADDRESS: Albany

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.