19 1928

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

Do not use this space.

1. PLACE OF DEATH
County Greene. Registration District No. 318 File No. 4614
Township Primary Registration District No. 2001 Registered No. 118
City Springfield (No. 222 W Center St. Ward)

2. FULL NAME William J Miller
(a) Residence. No. 222 Center 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1842.

7. AGE: Years 86 | Months Unknown | Days Unknown | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Sewing Machine
(b) General nature of industry, business, or establishment in which employed (or employer) Repair man.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lexington Ky.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Wm. H Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Anna Radcliff
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Anna Miller
(Address) Springfield Mo.

15. FILED 2-16, 1928 O C Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1927, to Feb 14, 1928, that I last saw him alive on Feb 14, 1928, and that death occurred, on the date stated above, at 9:30 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular heart lesion

9 OA (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) U F Kerr, M. D
Feb 15, 1928 (Address) 610 Woodruff Bldg

*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 Greenlawn. Cent. DATE OF BURIAL 2/17 1928

20. UNDERTAKER Paxson Funeral Home ADDRESS Springfield

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.