

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

Do not use this space.

6684

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *2323*)

Registration District No. *791*
Primary Registration District No. *1003*
Michigan Ave

File No.....
Registered No. *1633*
St..... Ward.....

2. FULL NAME

William Foster Miller
(a) Residence. No. *2323* *Michigan* St. *17* 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 (write name) *Mr Francis Miller*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 8 1864*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 9 4

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

9. BIRTHPLACE (CITY OR TOWN) *Darkshing*
(STATE OR COUNTRY) *Indiana*

10. NAME OF FATHER *Jeremiah Miller*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Liberty*
(STATE OR COUNTRY) *Indiana*

12. MAIDEN NAME OF MOTHER *Loretta Foster*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Liberty*
(STATE OR COUNTRY) *Indiana*

14. INFORMANT *Ms Virgil Miller*
(Address) *2323 Michigan Ave*

15. FILED *1928* *Mar 21 1928*
REGISTRAR *Max C. Starkey*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 12 1928*

17. I HEREBY CERTIFY That I attended deceased from *Dec 25 1927* to *Feb 12 1928* that I last saw him alive on *Feb 12 1928*, and that death occurred, on the date stated above, at *8:00* *17* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Atropine Cyanide of
live non alcoholic
1212/27/28 (duration) yrs. mos. ds. *3*

CONTRIBUTORY (SECONDARY) *none*
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *Home*
IF NOT AT PLACE OF DEATH: *no*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? *Lipemuria*
(Signed) *Albert E. Jones* M. D.
2/3 19 *28* (Address) *5014 10 Jaffe*

*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 *Walshella's Cemetery* DATE OF BURIAL *2/15 1928*

20. UNDERTAKER *A.W. McLaughlin* ADDRESS *1631 Michigan*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

