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

Do not use this space.

10404

1. PLACE OF DEATH

County: Ste. Genevieve — Registration District No. 780 — File No.

Township: Ste. Genevieve — Primary Registration District No. 6025 — Registered No. 10

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Henry A Miller

(a) Residence. No. ..... 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: m
4. COLOR OR RACE: m
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25 1863

7. AGE: Years 64 | Months 5 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

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): Zell
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Anthony Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Baden
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Schilly
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Baden
(STATE OR COUNTRY): Germany

14. INFORMANT: George Miller
(Address): Ste. Genevieve Mo

15. FILED Mar 24, 1928 T.W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 18th, 1928, to Mar 18, 1928 that I last saw him alive on Mar 18th, 1928, and that death occurred, on the date stated above, at 10 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Rectum

45 46D 3A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) D. J. Sampe, M. D

3/24, 1928 (Address) Ste Genevieve 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~~: Zell Missouri — DATE OF BURIAL: Mar 25 1928

20. UNDERTAKER: John Basler Ste. Genevieve Mo — ADDRESS

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.

2 8 1928

PERMANENT RECORD