

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
 Township Greene
 City..... (No. St. Ward)

Registration District No. 469
 Primary Registration District No. 5650

File No. 13891-a
 Registered No. 22

2. FULL NAME

Jimmie Lewis Miller

(s) 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

Child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1924-3-15

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
4	3	28	

8. OCCUPATION OF DECEASED

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

At-Home
1086
87E

(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)

Mo.

PARENTS

10. NAME OF FATHER

James Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.
Canton Co. Mo.

12. MAIDEN NAME OF MOTHER

Hyatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

Mrs. Lena Miller
Miller Mo.

15.

FILED

11-1-28
V. S. Boring
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-12 1928

17. I HEREBY CERTIFY, That I attended deceased from April 9, 1928, to April 12, 1928 that I last saw him alive on April 12, 1928 and that death occurred, on the date stated above, at 7:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Resident - emphysema
cause not defined
some emphysema trouble
probable (duration) yrs. mos. ds. 3

CONTRIBUTORY (SECONDARY)

irregular diet
or 9 mos 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) W. H. Sutton, M. D.
 , 19 (Address) Mo. 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

DATE OF BURIAL

Parmiter 9th 7/13 1928

20. UNDERTAKER

ADDRESS

J. W. Morn Miller
Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

1928

