

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

Do not use this space.

16963

**1. PLACE OF DEATH**

County Jackson  
Township Independence  
City Independence (No. .... St. .... Ward)

Registration District No. 398  
Primary Registration District No. 3219

File No. ....  
Registered No. 170

**2. FULL NAME**

(a) Residence No. 431 So Grand 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 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 Hester C Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
79 0 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) Retired 31 years  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ragins  
(STATE OR COUNTRY) Miss

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

14. INFORMANT Hester C Miller  
(Address) Indep. Mo.

15. FILED May 15 1928 F. J. COOK  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1928

17. I HEREBY CERTIFY, That I attended deceased from 29<sup>th</sup> Apr. 1928, to May 15<sup>th</sup> 1928  
that I last saw him alive on May 15<sup>th</sup> 1928, and that death occurred, on the date stated above, at 10:52 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

46 C.  
1220 Carcinoma of sigmoid of colon  
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 45  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Calvin Atkins, M. D.

May 2, 1928 (Address) Independence Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bates City Mo DATE OF BURIAL 5-3 1928

20. UNDERTAKER C. D. Carson & Son ADDRESS Indep. Mo

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.

