

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

Do not use this space.

21862

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. Mo. Baptist Sanitarium)

File No.....

Registered No. **5981**

St. _____ Ward _____

2. FULL NAME

John Harold Miller

(a) Residence. No. 6070 Bates av St. 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1908-5-7

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
20 - 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work clerk
(b) General nature of industry, business, or establishment in which employed (or employer) office
(c) Name of employer O. P. Miller

9. BIRTHPLACE (CITY OR TOWN) Centralia, Ill.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER O. P. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Centralia, Ill.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Winnie Hopkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Centralia, Ill.
(STATE OR COUNTRY)

14. INFORMANT O. P. Miller
(Address) 6070 Bates av.

15. FILED May 1928 May C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 - 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 9:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bichloride of Mercury Poisoning
While suffering from
temporarily mental aberration
suicide

CONTRIBUTORY (SECONDARY) temporarily mental aberration

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
4110 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Centralia, Ill.

20. UNDERTAKER Robert Plumbard

*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.
DATE OF BURIAL 6/5 - 1928
ADDRESS 7124 W. 11th St.

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.

PERMANENT RECORD

