

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

Do not use this space.

23138

1. PLACE OF DEATH

County Butler Registration District No. 89
Township Poplar Bluff Primary Registration District No. 3131
City Poplar Bluff (No. _____) St. _____ Ward _____

File No. _____
Registered No. 152
St. _____ Ward _____

2. FULL NAME

Blell Miller
(a) Residence, No. Meelyville Mo 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 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) June 11 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
14 1 _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Cutting tie timbers
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Meelyville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER J. H. Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Thompsonville
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Ella Marshall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) Illinois

14. INFORMANT (Address) J. D. Miller

15. FILED 7/13 1928 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 7:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidentally killed by a falling tree
1943 (duration) instantly

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. L. Thomas, M. D.

113, 1928 (Address) Meelyville 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 Coon Island Cemetery DATE OF BURIAL 7.12 1928

20. UNDERTAKER Marvin Caher ADDRESS Lawrence Ark

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.

106

1928

