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

Do not use this space.

26546

1. PLACE OF DEATH

County Buchanan. Registration District No. 85

Township ..... Primary Registration District No. 1001

City St. Joseph. (No. Mo. Methodist Hosp. St. ..... Ward)

File No. ..... Registered No. 1031

2. FULL NAME William L. Miller Sr.

(a) Residence. No. Dearborn Mo. St., ... Ward. Dearborn, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 24, 1846.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	10	6	

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) .....
(c) Name of employer .....

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

PARENTS

10. NAME OF FATHER John P Miller

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

12. MAIDEN NAME OF MOTHER Unkn own

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

14. INFORMANT Virgil R Miller
(Address) Dearborn, Mo

15. FILED AUG 31, 1928, 19 ..... John G. Ith, Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1928, to Aug. 30, 1928, that I last saw him alive on Aug. 30, 1928, and that death occurred, on the date stated above, at 7-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Prostate

(duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Cystitis - Pyelitis - Nephrosis

(duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Hamilton Court Mo

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug. 26

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Clinical

(Signed) N. S. Schmitz, M. D

Aug. 30, 1928 (Address) 722½ Francis St

*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
Camden Mo.	Sept. 2 1928
20. UNDERTAKER	**ADDRESS**
H. O. Sidenfaden	1802 Union 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.

SEP 24 1928