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.

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

Do not use this space.

27518

1. PLACE OF DEATH
County Jackson — Registration District No. 35 — File No. 27518
Township Kaw — Primary Registration District No. — Registered No. 3594
City Kansas City (No. St Joseph Hospital St. Ward)

2. FULL NAME Thomas Jefferson Miller
(a) Residence. No. Urich Mo. St., Ward.
(Usual place of abode) hosp. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 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): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Nancy Francis Miller deceased

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 25 - 1864

7. *AGE: Years 63 | Months 10 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): Near Urich Mo.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Campbell Miller.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT: Phillip Weston Miller
(Address) Urich Mo.

15. FILED 8/30, 1928 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1928, to Aug. 30, 1928 that I last saw him alive on Aug. 29, 1928, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carbuncle on back of neck

57

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 20 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) J. M. Fitzsimmons, M. D
Aug 30, 1928 (Address) 824 Rialto Bldg

*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: Creighton Mo. — DATE OF BURIAL: 8-31 1928

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood

res 5546 Crestwood P Hi 4128