

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.

32951

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125
Township Cape Girardeau, Mo. Primary Registration District No. 3009
City Cape Girardeau, Mo. St. _____ Ward _____

File No. _____
Registered No. 1225

2. FULL NAME

F. M. Miller
(a) Residence. No. 1214 S Broadway Ward _____
(Usual place of abode)

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 MEDICAL CERTIFICATE OF DEATH

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

15. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 25 1928

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

I HEREBY CERTIFY That I attended deceased from Oct. 1, 1928 to Oct. 26, 1928 that I last saw him alive on Oct. 20, 1928 and that death occurred, on the date stated above, at 6:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 24 1879

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 10 29 1

Arteriosclerosis
Mitral Regurgitation
(duration) 40-5 yrs. mos. ds.

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 _____

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 40 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY)

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

10. NAME OF FATHER _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Not known

WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) E. W. Kauffman, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

10/26, 1928 (Address) Cape Girardeau, Mo.

14. INFORMANT Mrs. J. P. Dalton
(Address) 1214 S Broadway

*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.

15. FILED 10/26, 1928 E. W. Kauffman REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miller's Cemetery DATE OF BURIAL 10-27 1928
20. UNDERTAKER W. D. Duntopp ADDRESS 536 Broadway

