NOV 22 1928

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

Do not use this space.

34036

1. PLACE OF DEATH
County: Knox
Township: Center
City: (No. St. Ward)
Registration District No. 441
Primary Registration District No. 4259
File No.
Registered No. 312

2. FULL NAME: Philip Miller

(a) Residence. No. 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. If MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF ~~(OR) WIFE OF~~: Mildred Wheeler

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 20-1839

7. AGE: Years 89 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wagon Maker
(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): Germany

PARENTS

10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Germany

14. INFORMANT: Mildred Miller
(Address): Edina Mo

15. FILED 11/1, 1928 Geo. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-25 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1928, to 10-25, 1928, that I last saw ~~he was~~ alive on 10-25, 1928, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock following a fall
Fracturing left humerus
at shoulder
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY): Arteriosclerosis + Cerebral
(duration) yrs. mos. 5 yrs

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X ray

(Signed) Geo. Brown, M. D.
Nov 1, 1928 (Address) Edina 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: Linwelle Cemetery
DATE OF BURIAL: Oct 27 1928

20. UNDERTAKER: Kriegshauser Bros
ADDRESS: Edina Mo