DEC 26 1928

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

Do not use this space.

36120

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1861

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Billie Francis Miller

(a) Residence. No. St., Ward. Faucett, 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. 6 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERMANENT RECORD

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) October 6, 1928

7. AGE — YEARS: — MONTHS: 1 — DAYS: 10 — If LESS than 1 day, ____ hrs. or ____ min.

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

9. BIRTHPLACE (CITY OR TOWN) Faucett
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Fred Gilbert Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ridgley
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Elizebeth Flannigan

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

14. INFORMANT F. G. Miller
(Address) Faucett, Mo.

15. FILED NOV 16 1928 19 — John G. [illegible] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1928, to Nov 16, 1928 that I last saw him alive on Nov 15, 1928, and that death occurred, on the date stated above, at 12:40 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia, acute
10 DAYS
USE
Work
(duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) Marasmus, due to improper feeding (duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Faucett Mo

6 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. Roger Moore, M. D

Nov. 16, 1928 (Address) St Joseph 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: Dearborn, Missouri — DATE OF BURIAL: Nov. 17, 1928

20. UNDERTAKER: H. O. Siebenfaden — ADDRESS: 1802 Union St.