

DEC 20 1928

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

Do not use this space.

36292

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township 1 Primary Registration District No. 3009
City 1 (No. 328 R 8a Jackson) St. 1 Ward

File No. _____
Registered No. 1262

2. FULL NAME

Geo. Miller

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 - 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 8

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) Cape Girardeau Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Geo Miller

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

12. MAIDEN NAME OF MOTHER Hathaway Talley

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

14. INFORMANT Hathaway Talley
(Address) Cape Girardeau Mo

15. FILED 11-24-28 W. Chaempfer REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

CAUSE OF DEATH WAS AS FOLLOWS:
Spasmodic croup
Child without medical attention
10 5 15

CONTRIBUTORY (SECONDARY) 98B

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

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) E. P. Schou M. D.

11-20-28 (Address) Jackson 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 DATE OF BURIAL

Fairman + Cemetery Nov 24 19 28

20. UNDERTAKER Chas. + Add C ADDRESS Cape Gir. Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

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.

