

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

Do not use this space.

36914

1. PLACE OF DEATH  
 County Johnson Registration District No. 399  
 Township How Primary Registration District No. 1072  
 City Kansas City (No. 1) & Schaeffer St.          Ward         

2. FULL NAME Charles H. Miller  
 (a) Residence. No. 812 Schaeffer St.,          Ward.           
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 24 1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
75 | 11 | 16 |          day,          hrs. or          min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Miller  
 (b) General nature of industry, business, or establishment in which employed (or employer) 97-14 97-10  
 (c) Name of employer         

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

10. NAME OF FATHER Mellain P. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No record

14. INFORMANT (Address) D. F. H. Miller 215 New Center

15. FILED 11-12-28 19          M. M. Browne REGISTRAR user

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 10 1928

17. I HEREBY CERTIFY That I attended deceased from June 1 1928, to Nov 10 1928 that I last saw          alive on Nov 3 1928, and that death occurred, on the date stated above, at          m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Heart trouble  
mitral regurgitation  
 (duration) 7 yrs.          mos.          ds.

CONTRIBUTORY (SECONDARY) influenza  
 (duration)          yrs.          mos. 8 ds.

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

DID AN OPERATION PRECEDE DEATH?          DATE OF         

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none  
 (Signed) Gas W. Graham M. D.  
11/11 1928 (Address) 215 New Center Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL          DATE OF BURIAL 11-12 1928

20. UNDERTAKER          ADDRESS           
Mrs. C. L. Parrott KC Mo.

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.

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8146 office  
215 - Narcotics