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

Do not use this space.

37131

1. PLACE OF DEATH U.S.V.Hosp. #67

County Jackson — Registration District No. 399 — File No. 4782

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City, Mo. (No. U. S. Veter St. Ward)

2. FULL NAME MILLER, Clarence Charles — C-1 228 005 USVB

(a) Residence. No. 916 N 19th St St., Ward. Pvt Co H 9th Inf.

(Usual place of abode) St. Joseph, Missouri (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	36	11	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hospital Records.

(Address) U. S. Veterans Hospital

15. FILED 11/27, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1928, to Nov. 27, 1928 that I last saw him alive on November 27, 1928, and that death occurred, on the date stated above, at 7:50 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

V.H.D.Mitral Stenosis with marked decompensation

90W

2 or more (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pericarditis, Adhesive

2 or more (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam. & X-ray

Signed HENRY A DYKES, Medical Officer in Charge M.D.

Date 19 (Address) U.S.V.Hosp. Kansas City, Missouri.

*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 St. Joseph, Mo — DATE OF BURIAL Nov. 27, 1928.

20. UNDERTAKER Mrs. C. L. Forster — ADDRESS K.C. 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.