King

JAN 28 1929

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

Do not use this space.

43862

1. PLACE OF DEATH

County Vernon — Registration District No. 875 — File No.

Township Center — Primary Registration District No. 6160. — Registered No. 270

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME John S. 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.

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~~ Mrs. Ella I Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3 1850.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	0	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Decorator

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) DK
(STATE OR COUNTRY) Pa.

PARENTS

10. NAME OF FATHER Philip Miller

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

12. MAIDEN NAME OF MOTHER Sarah Bachtel

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

14. INFORMANT Mrs Ella I Miller
(Address) Nevada Mo.

15. FILED 12-17 1928 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 6, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1928, to Dec. 6, 1928 that I last saw him alive on Dec. 5, 1928, and that death occurred, on the date stated above, at 3:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic parenchymatous nephritis 131 132 D
..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Uremia
..... (duration) ..... yrs. ..... mos. 6 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? .....

(Signed) E. R. King M. D

12-7, 1928 (Address) Nevada, 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
Augusta, Kansas	Dec 7 1928

20. UNDERTAKER	ADDRESS
Allen V Hayo	Nevada, 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.