

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

Do not use this space
10960
10910

1. PLACE OF DEATH

County Jackson
Towship Raw
City K.C. Mo.

Registration District No.
Primary Registration District No.

File No.
Registered No. 1471
St. Ward

2. FULL NAME

Miller, Lee Joseph

(a) Residence. No. Dover, Mo. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June - 2 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 9 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work agent Mo. Pac.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER Joseph Miller

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

12. MAIDEN NAME OF MOTHER No Record

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

14. INFORMANT Joseph L. Miller, Jr. (Address) Dover, Mo.

15. FILED 25, 1929 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 25 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 30, 1929, to Mar 25, 1929 that I last saw him alive on Mar 24, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Decompensation
930
JOB
(duration) yrs. 1 mos. 26 ds.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Dover, Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings

(Signed) J. E. Coates, M. D.

3.25, 1929 (Address) 1001 Chambers Bldg

*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

Orisk, Mo. 3-26, 1929

20. UNDERTAKER ADDRESS

Mrs. C. L. Foster K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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