

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

Do not use this space. **11017**  
**10987**  
File No. **1528**  
Registered No. **1528**

**1. PLACE OF DEATH**

County Jackson Registration District No. 308  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. Kansas City Gene Hosp St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME** Miller Charles

(a) Residence. No. 705 Harrison St. Ward. 1  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>62</u>	<u>11</u>	<u>14</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Laborer  
(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) Scotland

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 Re us a Clerk  
(Address) Kansas City Gene Hosp

15. FILED 3/28 29 20 20 W. C. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-24, 1929, to 3-28, 1929, that I last saw him alive on 3-28, 1929, and that death occurred, on the date stated above, at 7:50 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchopneumonia (unilateral)

107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 100W (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Gen Fundam  
Dr. Weese, M. D. (Signed)

3-28 1929 (Address) Subt KC Gene Hosp

\*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

Highland Park 3-29 1929

20. UNDERTAKER A. P. Decker ADDRESS 1415 615

N. B.—Every item of information CAUSE OF DEATH in plain terms, so that it may be properly translated.

