

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

*H. K. ...*  
Do not use this space.

14426

**MAY 25 1929**

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.

1. PLACE OF DEATH  
 County Greene Registration District No. 218  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. Burge Hospital)  
 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME David J. Miller  
 (a) Residence. No. Stratford Mo. R#1 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.

File No. \_\_\_\_\_  
 Registered No. 353  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**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 Susan Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 7-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 0 17

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (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) Ill

10. NAME OF FATHER Noah Miller

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 Sherman Miller  
 (Address) Stratford Mo. R#1

15. Tom Sharp  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24, 1929  
 17. \_\_\_\_\_

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
4-20, 1929 to 4-24, 1929  
 that I last saw him alive on 4-24, 1929 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cancer of Liver  
440

CONTRIBUTORY (SECONDARY) 440  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4/23/29  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Operation  
 (Signed) Henry H. Wright, M.D.  
4/22/29 (Address) 450 1/2 E. Canal

\*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 Green Lawn Cemetery DATE OF BURIAL April 26, 1929

20. UNDERTAKER J. Klingner & Co. 424 E. 9th  
Springfield Mo.

2

31

31

330