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

Do not use this space.

27983

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3678
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 1311 Liberty St. Ward)

2. FULL NAME William R Miller
(a) Residence. No. 1311 Liberty St., 1 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.

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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~~ Bell Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1864

7. AGE: 65 YEARS — MONTHS: 1 — DAYS: 25 — If LESS than 1 day, ...hrs. or ....min.

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) Seemore
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Bell Miller
(Address) 1311 Liberty K C Mo

15. FILED 8/29, 1929 M. M. Crowe REGISTRAR Assr

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 13, 1929, to Mar 27, 1929 that I last saw him alive on March 27, 1929, and that death occurred, on the date stated above, at 1:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis, Paraplegia, Dural Endothelioma (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 24, 1929
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Carl R. Ferris, M. D.
Aug 29, 1929 (Address) 934 Argyle Bldg - Kansas City 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: Mt Washington Cem — DATE OF BURIAL: Aug 30 1929

20. UNDERTAKER: Daniels Bros — ADDRESS: K C Kaw

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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