

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

Do not use this space.

40984

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Ray Primary Registration District No. 1092
City Kansas City No. St. Marys Hosp St. _____ Ward)

File No. _____
Registered No. 5303
St. _____ Ward)

2. FULL NAME

(a) Residence No. John J. Joseph Miller St. 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jessie Ann Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 19, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 0 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Refrigerator Engineer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) West Phalia
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Jessie Ann Miller
(Address) 419 Benton Blvd

15. FILED 12/30 19 29 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 30 19 29

17. I HEREBY CERTIFY, That I attended deceased from 20 December, 1929, to Dec 29 - 29 1929 that I last saw him alive on Dec 29 1929 and that death occurred, on the date stated above, at 7:15 a.m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1350
82 Identity Cerebral Hemorrhage
1/4 (duration) yrs. mos. 1 ds.

CONTRIBUTORY: Operator supervisor (SECONDARY)
Drainage retention of water (duration) yrs. mos. 10 ds.

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

DID AN OPERATION PRECEDE DEATH yes DATE OF DEC 30 29

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) Jed Dummer

130 19 29 (Address) 50 S Chance 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 Savannah, Mo DATE OF BURIAL Dec. 31 19 29

20. UNDERTAKER D. H. Newcomer's Sons & Co ADDRESS _____

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.

508 Chambers Bldg

Nov 8860

12:30 - 5.