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

Do not use this space.

85

266

1. PLACE OF DEATH

County Buchanan. Registration District No. 1001

Township 11 Primary Registration District No.

City St. Joseph (No. St. Joseph Hospital St. Ward) 9

File No. 109

Registered No.

2. FULL NAME Henry Thomas Miller

(a) Residence. No. (Usual place of abode) St., Ward. New Hurlinger Mo. (½ Mile North (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7, [illegible], 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	8	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Andrew Co.
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph A Miller

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

12. MAIDEN NAME OF MOTHER Hedwig Weidmaier

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

14. INFORMANT Mrs Felix Waller
(Address) New Hurlinger Missouri

15. FILED JAN 27 1930 John G. [illegible] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 27 1930

17. I HEREBY CERTIFY, That I attended deceased from [illegible], 19[illegible] to [illegible] 1930, that I last saw h[illegible] alive on [illegible] 27, 1930, and that death occurred, on the date stated above, at 11/20 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Adenocarcinoma prostate
Obstruction
137
27

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cirrhosis Adenocarcinoma general
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 1929

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) [illegible] M. D.

Jan 27, 1930 (Address) [illegible]

*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
New Hurlinger Mo. Seven Doleres Cemetery	Jan. 28 1930
20. UNDERTAKER [illegible]	ADDRESS 1802 Union St.

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.