

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

Do not use this space.

456

1. PLACE OF DEATH

County Cass
Township Corbett
City Corbett

Registration District No. 147
Primary Registration District No. 5211

File No. _____
Registered No. 9
St. _____ Ward) _____

2. FULL NAME

John Elsworth Miller

(a) Residence No. _____ St. _____ Ward. _____
(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.

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 Della Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec - 24 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 5

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) Ashley
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER David Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt Vernon
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Hannah Martin

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

14. INFORMANT G. A. Miller
(Address) Drexel Mo

15. FILED 1-31-1930 B. B. Lout
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 29 - 1930

17. HEREBY CERTIFY, That I attended deceased from Jan 20, 1930 to Jan 29, 1930
(that I last saw him alive on Jan 29, 1930, and that death occurred, on the date stated above, at 5:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Permeans Pneumonia
71A (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 580 (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 _____
(Signed) B. C. Stewart, M. D.

1-30, 1930 (Address) Drexel - 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 Sharon Cem. DATE OF BURIAL Jan - 31 1930

20. UNDERTAKER J. B. Hayes ADDRESS Drexel Mo

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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