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

Do not use this space.

1659

1. PLACE OF DEATH
County Johnson
Township ~~Madison~~
City Holden (No. ..... St. ..... Ward)

Registration District No. 427
Primary Registration District No. 4253

File No. 1
Registered No. .....

2. FULL NAME Jermiah F. Miller
(a) Residence. No. Holden Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2-1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	81	10	13	

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) .....
(STATE OR COUNTRY) Penn.

PARENTS
10. NAME OF FATHER George Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Charlotta Fox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

14. INFORMANT Wm. J. H. Miller
(Address) Holden Mo.

15. FILED 1/17 1930 G. W. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1929, to Jan 15, 1930 that I last saw him alive on Jan 14, 1930 and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 74 [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED-
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Emery Thompson M. D.
, 19 (Address) Holden 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 Fairview Cemetery
DATE OF BURIAL 1/17 1930

20. UNDERTAKER John H. Murray
ADDRESS Holden 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.