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

Do not use this space.

791
1003

7008

File No. 1874

Registered No.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No. En Route to City Hospital #1 St. Ward)

2. FULL NAME Charles G. Miller

(a) Residence. No. 2019 Cherokee St. St., 24 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.

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: Bertha Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 13 - 1902

7. AGE: Years 28. Months — Days 6 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Shoe Worker.
(b) General nature of industry, business, or establishment in which employed (or employer): Heel maker
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Walnut Ridge
(STATE OR COUNTRY): Ark.

PARENTS

10. NAME OF FATHER: James C. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know

12. MAIDEN NAME OF MOTHER: Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Dont Know

14. INFORMANT: Mrs. Bertha Miller.
(Address) 2019 Cherokee St.

15. FILED ____, 19____ [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 19th 1930

17. No Physician In Attendance
I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____, that I last saw h. ____ alive on ____, 19____, and that death occurred, on the date stated above, at 5 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun Shot Wound of Abdomen
173 Homicide
(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (SECONDARY) ____ (duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ____
DID AN OPERATION PRECEDE DEATH? ____ DATE OF ____
WAS THERE AN AUTOPSY? ____
WHAT TEST CONFIRMED DIAGNOSIS? ____

(Signed) John Heinley M.D.
2/20 19 30 (Address) Deputy Coroner

*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: Walnut Ridge Arkansas
DATE OF BURIAL: Feb 23 1930

20. UNDERTAKER: M. J. Schmitt
ADDRESS: 1819 Sidney

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.