

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

Do not use this space.

7495

7510

**MAR 28 1930**

**1. PLACE OF DEATH**

County Wayne Registration District No. 891  
 Township Benton Primary Registration District No. 4540  
 City Piedmont (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 3

**2. FULL NAME** Fulton L. Miner,

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Mrs. F. L. Miner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 2 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>85</u>	<u>1</u>	<u>0</u>	<u>0</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
 (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) Michigan

PARENTS

10. NAME OF FATHER D.K.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) D.K.

12. MAIDEN NAME OF MOTHER D.K.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) D.K.

14. INFORMANT Mrs. F. L. Miner, (Address) Piedmont

15. FILED 1/3 1930 F. L. Miner, M.D. REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/2 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930, to \_\_\_\_\_, 1930, that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

acute stenosis

CONTRIBUTORY (SECONDARY) Similarity (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? 0 DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS Phys. Diagnosis

(Signed) \_\_\_\_\_, M. D.

, 19 \_\_\_\_\_ (Address) Piedmont, 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 DATE OF BURIAL

Piedmont, Cemetery 2/3 1930

20. UNDERTAKER ADDRESS

Yates Lusk, Co. Piedmont,

N. B.—Every item of information should be carefully supplied. AGES 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.

