

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

Do not use this space.

8644

1. PLACE OF DEATH

County Jackson Registration District No. 395
 Township Leann Primary Registration District No. 3003
 City Kansas City, Mo. (No. St. Joseph) Registered No. 1421 St. _____ Ward)

2. FULL NAME

Isaac D. Miller
 (a) Residence. No. 3937 Forest Ave St. 13 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 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 Barrie Ed Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 18 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 5 14

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Physician
 (b) General nature of industry, business, or establishment in which employed (or employer) Drug medicines
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ind.

10. NAME OF FATHER Benj Miller

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Barrie E. Miller (Address) 3937 Forest Ave

15. FILED 3/6 19 30 M. M. Crowe REGISTRAR Post

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 24 30 1930, to March 4th 1930, that I last saw him alive on March 3 - 1930, and that death occurred, on the date stated above, at 7:35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris
 (duration) yrs. 4 mos. ds.
 CONTRIBUTORY (SECONDARY) Dilatation aortic, also Dilatation left ventricle Don't know
 (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? Exhpts.

(Signed) Thomas Pittman M. D. 3/5 19 30 (Address) 714 Katterly Bldg Newo

*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 Cremation DATE OF BURIAL March 6 1930

20. UNDERTAKER S. H. Newcomer ADDRESS Don't know

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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