WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 23 1930

19

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

Do not use this space.

11982

1. PLACE OF DEATH
County Cass
Township ~~Union~~
City Cleveland Mo (No. ..... St. ..... Ward)

Registration District No. 149
Primary Registration District No. 4083

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

2. FULL NAME Melvin B. Miller

(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 Maggie Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-28-1856

7. AGE: YEARS 73 | MONTHS 5 | DAYS X | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Hardin Co
(STATE OR COUNTRY) Ky.

PARENTS
10. NAME OF FATHER Chas Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Martha Peterson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky.

14. INFORMANT Mrs Maggie Miller
(Address) Cleveland Mo

15. FILED 4-29, 1930 Geo. Ed. Myers REGISTRR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 11, 1930 to Apr 28, 1930 that I last saw him alive on Apr 28, 1930 and that death occurred, on the date stated above, at 2:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hypertrophy of heart
95 B
99 A
several (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Blood clot spinal cord
(duration) yrs. mos. 8 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? Clinical

(Signed) W. A. Moore, M. D.
4/29/ 1930 (Address) Cleveland 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: Glenn Wild
DATE OF BURIAL: 4-30 1930

20. UNDERTAKER: Geo. Ed. Myers
ADDRESS: Cleveland Mo