

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

Do not use this space.

**12933**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. Kansas City Genl Hosp) St. Mo. Ward 1862

**2. FULL NAME**

Frank Miller  
 (a) Residence. No. Keeping Stand / Ward. 1  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED ( <i>write the word</i> ) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 13, 1885</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DAYS <u>11</u>	
	IF LESS than 1 day, ..... hrs. or ..... min.	
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Lawyer</u>		
(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) Germany

PARENTS	10. NAME OF FATHER <u>George Miller</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT Reverend Clerk  
 (Address) K.C. General Hosp

15. FILED 4/29, 1930 Dr. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-24 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-16, 1930 to 4-24, 1930 that I last saw him alive on 4-24, 1930 and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intestinal obstruction  
due to large fecalith  
122R  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY 11813  
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-16-30  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) P. E. Williams M. D.  
4-24, 1930 (Address) Subst. K.C. Genl Hosp

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lead DATE OF BURIAL 4-30 1930  
 20. Dr. M. Brown ADDRESS 1910 East 15

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

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