JUN 24 1930

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

Do not use this space.

15418

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 643

City St. Joseph, (No. 3003 Ashland Ave. St. Ward)

2. FULL NAME Isaac Albert Miller

(a) Residence. No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma H. Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 8, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	8	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer; retired 10 yrs.
(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): St. Joseph, Mo.

PARENTS

10. NAME OF FATHER: Isaac Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co, Va.

12. MAIDEN NAME OF MOTHER: Jane S. Karnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Monroe Co, Va.

14. INFORMANT: N. B. Miller
(Address) 3003 Ashland Ave.

15. FILED MAY 31 1930 19 John G. Wyt. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 29, 1930 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930, to May 29, 1930 that I last saw him alive on May 24, 1930, and that death occurred, on the date stated above, at 8:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Mouth 450

(duration) 1 yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 43

(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? Signs & Symptoms

(Signed) Clarence A. Good, M. D.

May 31, 1930 (Address) St Joseph 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
Mt. Auburn Cemetery	May, 31, 1930

20. UNDERTAKER	ADDRESS
Walter Meinhoffer 1302	Faraon St.

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.

...THIS IS A PERMANENT RECORD