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

Do not use this space.

16332

File No. 2240
Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 2517 Askew St. Ward)

2. FULL NAME George B. Miller

(a) Residence. No. 2517 Askew St., 14 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 43 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)
M	wh	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE~~ OF Fannie Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	68	3	13	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER John Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Md.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Md.

14. INFORMANT Mrs Fannie Miller
(Address) 2517 Askew

15. FILED 5/27, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1930.

17. I HEREBY CERTIFY, That I attended deceased from 5/26, 1930, to 5/26, 1930 that I last saw him alive on 5/26, 1930, and that death occurred, on the date stated above, at 10 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
about (duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Chas A S Sims, M. D.
5/27, 1930 (Address) 2705 Cleveland

*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 Forest Hill — DATE OF BURIAL May 29 1930

20. UNDERTAKER S. W. Newcomer's Sons K C Mo — ADDRESS

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.

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

2705 Cleveland
Lin 2883