

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

Do not use this space.

19771

1. PLACE OF DEATH

County Jackson
Township Jackson
City Jackson

Registration District No. 411
Primary Registration District No. 2610 Pearl St

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 5 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Illinois

10. NAME OF FATHER L. D. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Cora Miller
(Address) Jackson MO

15. FILED 6-21 1930 A. Benson, Clerk
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-14-1930

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1930 to 6-14, 1930 that I last saw him alive on 6-14, 1930 and that death occurred, on the date stated above, at 3-25 St.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterial sclerosis
(duration) yrs. mos. ds.
162

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Illinois
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. J. Brookshire, M. D.
6-16, 1930 (Address) Jackson 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 Fairview Cem. DATE OF BURIAL 6-17 30

20. UNDERTAKER Hurlbut M. B. ADDRESS Jackson MO

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.

WHILE WAITING FOR THE ANSWER TO THIS IS A PERMANENT RECORD

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