

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

Do not use this space.

22345

1. PLACE OF DEATH
 County Cooper Registration District No. 218
 Township _____ Primary Registration District No. 3015
 City Boonville Mo. (No. _____) St. _____ Ward _____

2. FULL NAME William R. Miller
 (a) Residence. No. 417 4th, Street 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 Marie Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 11 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	42	8	24	

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

9. BIRTHPLACE (CITY OR TOWN) Boonville Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph W. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathrine Eurster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Cooper Co. Mo.

14. INFORMANT Miss. Mary Miller
 (Address) 816 6th, Street, Boonville

15. FILED July 5, 1930
St. Charles
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4/30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 4 1930, to July 4 1930, that I last saw h. a. alive on July 4 1930, and that death occurred, on the date stated above, at 10.15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis pulmonar
23A
P3B (duration) 12 yrs. mos. ds.
 CONTRIBUTORY Pulmonary hemorrhage
 (SECONDARY) (fatal) (duration) 10 mins.

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) Alexander, M. D.
July 5, 1930 (Address) Boonville, 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 Ss. Peter & Paul DATE OF BURIAL July 7 19

20. UNDERTAKER Schwitzky-Meister ADDRESS Boonville

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 very important.

WHILE SUBJECT WITH OUTFACING INK—THIS IS A PERMANENT RECORD

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