

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

Do not use this space.

22534

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 200 Registered No. 509  
 City Springfield (No. Springfield B Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ursasmus S. Miller  
 (a) Residence. No. Rogersville, Mo. 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** Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Unknown

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Oct 22 - 1843

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
86 8 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer 51 135  
 (b) General nature of industry, business, or establishment in which employed (or employer) 162  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)** Near Insonton  
 (STATE OR COUNTRY) Mo.

**10. NAME OF FATHER** Steven Miller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** Lee

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

**14. INFORMANT** Willie Miller  
 (Address) Rogersville Mo Rpt

**15. FILED** 7.3, 1930 Lon Sharp REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** July 3 1930

**17. I HEREBY CERTIFY, That I attended deceased from** April 3, 1929, to July 3, 1930, that I last saw him alive on July 2, 1930, and that death occurred, on the date stated above, at 8 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Carcinoma of Bladder  
Prostate

**CONTRIBUTORY (SECONDARY)** Senility (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** IF NOT AT PLACE OF DEATH. Rogersville Mo.

**DID AN OPERATION PRECEDE DEATH?** Yes DATE OF Apr 3 - 29

**WAS THERE AN AUTOPSY?** No Surgeon performed autopsy

**WHAT TEST CONFIRMED DIAGNOSIS?** Transfection  
 (Signed) W. J. Jones, M. D.

7.3, 1930 (Address) Wood Ants Bldg

\*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** Panther Valley Cemetery **DATE OF BURIAL** July 5 1930

**20. UNDERTAKER** B. C. Klepp ADDRESS Ozark Mo.

Exact statement of OCCUPATION is very important. Do not leave blank, so that it may be properly classified.

