

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

Do not use this space.

23703
~~23702~~

1. PLACE OF DEATH

County Nodaway
Township Wagon Wheel
City Burlington, Mo.

Registration District No. 618
Primary Registration District No. 4269
4369

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

2. FULL NAME

Augustus Casper Miller
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-20-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 18 5 28

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) Albia
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Orvin Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Sarah Cross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Iowa

14. INFORMANT Mrs. Johna Bayer
(Address) Burlington, Mo.

15. FILED 7/19 19 1930
Aug-12-30 C. P. Fryer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1930

17. I HEREBY CERTIFY, That I attended deceased from _____
June 17, 1930 to July 18, 1930
that I last saw him alive on July 18, 1930, and that death occurred, on the date stated above, at 1:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
4 1/2

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

440

(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) L. E. Wallace M. D.

July 19, 1930 (Address) Burlington, 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

Ohio Cemetery July 27 1930
20. UNDERTAKER ADDRESS

Hamm Bros. Burlington, 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.

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