445

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

Do not use this space.

28931

1. PLACE OF DEATH
County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City ..... (No. ....., ... St. ..... Ward)

File No. .....
Registered No. 188

2. FULL NAME J W Miller
(a) Residence. No. State Hosp # 3 St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DK. 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	DK	DK	

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

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

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) unknown
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) unknown

14. INFORMANT State Hosp Record
(Address) Nevada Mo

15. FILED 9/6, 1930 E. R. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1930 to Aug 4, 1930 that I last saw him alive on Aug 4, 1930 and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
99A
97
Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
unknown (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
(NO) AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E H Coon, M. D
8-4, 1930 (Address) Nevada 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 Marshall ~~Republic~~ Mo
DATE OF BURIAL Aug 5 1930

20. UNDERTAKER Ferry Funeral Home
ADDRESS Nevada

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.

WHITE PLAINE WITH UNFADING INKWITHIS IS A PERMANENT RECORD