

NOV 21 1937

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

Do not use this space.

32438

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township Jefferson City

Primary Registration District No. 3014

City Jefferson City (No. ....)

File No. ....

Registered No. 240

2. FULL NAME

(a) Residence. No. 411 N. Elm 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 1-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: At home  
(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) Switzerland

10. NAME OF FATHER Amrose Miller

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

12. MAIDEN NAME OF MOTHER Mary F. Houch

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

14. INFORMANT Polys Smith (Address) J. B. Mo.

15. FILED 148 30 St. J. Bradford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 26 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1930, to 10-26, 1930, that I last saw him alive on 10-25, 1930, and that death occurred, on the date stated above, at 11 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Endocarditis  
(duration) 2 yrs. 6 mos. 4 ds.  
CONTRIBUTORY Pneumonia (SECONDARY) (duration) 3 yrs. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no  
DID AN OPERATION PRECEDE DEATH? no DATE OF ...  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) D. W. Gillham M. D.  
10/27, 1930 (Address) Jefferson City, Mo.  
\*State the DISEASE CAUSING DEATH, or in deaths from VICIOUS CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter, J. B. Mo. DATE OF BURIAL 10/28-1930  
20. UNDERTAKER Chas. P. Aumich ADDRESS J. B. 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.

