

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

Do not use this space.

35641

REC. '9 1930

1. PLACE OF DEATH

County Boyer
Township Liberty
City Boyer

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. 116
St. _____ Ward) _____

2. FULL NAME

Ronald G. Miller

(a) Residence No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-14 1930.

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 13 to Nov 14 1930 that I last saw him alive on Nov 14 1930 and that death occurred, on the date stated above, at 10:15 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20-1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 24

Bronchial Pneumonia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) Same (duration) yrs. mos. ds.

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

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

10. NAME OF FATHER Francis Miller

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Mo. DATE OF BURIAL 11-16 1930

12. MAIDEN NAME OF MOTHER Ruby Woodcast

WHAT TEST CONFIRMED DIAGNOSIS? auscultation
(Signed) Russell F. Dodge M. D.

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

20. UNDERTAKER W. H. Goodson ADDRESS Liberty Mo.

14. INFORMANT Francis Miller
(Address) Birmingham Mo.

15. FILED 10-18-30 W. H. Goodson REGISTRAR

*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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

