

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

Do not use this space.

36407

= 4817

**1. PLACE OF DEATH**

County Jackson  
Township Paris  
City P. C. 2nd

Registration District No. 399  
Primary Registration District No. 1002  
(No. 5136 Paris Ave)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William E. Miller  
(a) Residence. No. 5136 Paris St., 15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

|  |                                  |  |
|--|----------------------------------|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)<br><u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Emily Miller</u>        |                                  |  |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 2 - 1850</u>                                |                                  |  |
| 7. AGE   | YEARS                            | MONTHS   |
|  | <u>80</u>                        | <u>2</u>   |
|  |                                  | DAYS   |
|  |                                  | <u>25</u>  |
| 8. OCCUPATION OF DECEASED  |                                  |  |
| (a) Trade, profession, or particular kind of work<br><u>Stackman</u>                       |                                  |  |
| (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) Ky

10. NAME OF FATHER Deasant Miller

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

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) No record

14. INFORMANT Mrs. R. N. Clarke  
(Address) 5136 Paris Ave

15. FILED 11-29-30 MM Crowe  
REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-27-1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1930, to Nov 27, 1930, that I last saw him alive on Nov 27, 1930, and that death occurred, on the date stated above, at 8:15 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
myocarditis, chronic  
9:50  
27  
arteriosclerosis (duration) 8 yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Bad Teeth - etc (duration) 8 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
NO AT PLACE OF DEATH  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) E. S. Morrison M. D.  
11/28, 1930 (Address) 1225 Rialto 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 Forest Hill DATE OF BURIAL 11-29-1930

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. 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.

vic 3647 -

2-4