

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

Do not use this space.

37215

23 1930

**1. PLACE OF DEATH**

County St. Genevieve  
Township Jackson  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

Registration District No. 780  
Primary Registration District No. 6028

File No. \_\_\_\_\_  
Registered No. 65

**2. FULL NAME**

Fredrick J. 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**

<b>3. SEX</b> <u>male</u>	<b>4. COLOR OR RACE</b> <u>white</u>	<b>5. SINGLE, MARRIED, WIDOWED OR DIVORCED</b> (write the word) <u>married</u>
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**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Gloss B. Gaskle

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 9 / 1879

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<u>51</u>	<u>3</u>	<u>15</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Farmer  
(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)** Unknown Germany

**10. NAME OF FATHER** Fredrick Miller

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Germany

**12. MAIDEN NAME OF MOTHER** Messie Westens

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Unknown Germany

**14. INFORMANT (Address)** Miss Gloss B. Miller, Derby, Mo.

**15. FILED** Nov 24, 1930 T. W. Douglas REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** NOV 24 1930

**17. I HEREBY CERTIFY, That I attended deceased from** Nov. 20, 1930, to Nov 23, 1930  
that I last saw h.i.m. alive on Nov. 23, 1930, and that death occurred, on the date stated above, at 3:45 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Apoplexy  
8:30  
8:47  
10:2  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
**CONTRIBUTORY (SECONDARY)** Arterio-Sclerosis with Hypertension  
(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED?** 7401

IF NOT AT PLACE OF DEATH \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH?** NO DATE OF \_\_\_\_\_

**WAS THERE AN AUTOPSY?** NO

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical

(Signed) Arthur Eschauer, M. D.

Nov 24, 1930, (Address) St Genevieve 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** Johnson Cemetery

**DATE OF BURIAL** Nov. 25 1930

**20. UNDERTAKER** St. Genevieve Co Mo

**ADDRESS**

John Pasher St. Genevieve Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

DEC

