

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

Do not use this space.

39748

1. PLACE OF DEATH  
 County Jackson Registration District No. 404  
 Township Washington Primary Registration District No. 5558  
 City Jackson City (No. 1937 Normal Rd.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME William E. Lesworth Miller  
 (a) Residence No. 7912 Normal St. Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 45 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mrs. Belle L. Miller  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4, 1863  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 67 0 0  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work County Salesman  
 (b) General nature of industry, business, or establishment in which employed (or employer) K.C. Pump Co  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Canton  
 (STATE OR COUNTRY) Ohio  
 10. NAME OF FATHER Charles Miller  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Germany  
 12. MAIDEN NAME OF MOTHER \_\_\_\_\_  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mrs. Belle L. Miller  
 (Address) 7912 Normal Rd.

15. FILED Dec. 4-30 1930 Fred R. Smidrey REGISTRAR  
Sub

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 1930  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 18 1930, to Dec 4 1930  
 that I last saw alive on Dec 3 1930, and that death occurred, on the date stated above, at 72:05 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Embolism  
82 B  
 (duration) yrs. mos. 15 ds.  
 CONTRIBUTORY (SECONDARY) 74 B  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 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) J.W. Fair M. D.  
12/4, 1930 (Address) 7308 Washington

\*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 12-6-1930

20. UNDERTAKER Fremont Mortuary ADDRESS 104 W 42

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

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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Jackson Registration District No. 404 File No. ....  
 Township Washington Primary Registration District No. 5558 Registered No. 63  
 City ..... (No. ....) St. .... Ward .....

**2. FULL NAME**

William Elsworth 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**

3. SEX M 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

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

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

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
 (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)

10. NAME OF FATHER

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

MAIDEN NAME OF MOTHER Paul - Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Paul - Lewis

14.

INFORMANT (Address) .....

15.

FILED 11 30 19 81 R. F. Branson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

15. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 4 19 30

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) ..... M. D. , 19 (Address) .....

\*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 DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFOLDING PAPER. THIS IS A PERMANENT RECORD

REG. No. ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY DATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY REG.

S-39748