

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
(No. Missouri Methodist Hospital St. _____ Ward)

File No. 8894
Registered No. 323

2. FULL NAME Paul Raymond Miller,

(a) Residence. No. _____ St. _____ Ward. Sharpsburg, Iowa,
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single,</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 29, 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>15</u>	<u>1</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Taylor County,
(STATE OR COUNTRY) Iowa,

PARENTS	10. NAME OF FATHER <u>Port I. Miller,</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Iowa,</u>
	12. MAIDEN NAME OF MOTHER <u>Grace E. Pfander</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown,</u> (STATE OR COUNTRY) <u>Iowa,</u>

14. INFORMANT Port I. Miller
(Address) Sharpsburg, Iowa,

15. FILED 26 1931 19. John A. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1931, to Mar 24, 1931, that I last saw him alive on Mar 24, 1931, and that death occurred, on the date stated above, at 9:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, acute
Lobar, Rt. Lung
100
(duration) _____ yrs. _____ mos. 22 ds.

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

18. WHERE WAS DISEASE CONTRACTED

with Hosp. St. Josephine
NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray, Exam. & Lab.

(Signed) E. M. Shores, M. D.
3-26-1931 (Address) 317 Kirkpatrick 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 <u>Gravity, Iowa via auto</u>	DATE OF BURIAL <u>Mar. 26 1931</u>
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20. UNDERTAKER <u>Heaton-Bellevue-Bowman</u>	ADDRESS <u>319 S. 10th</u>
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Funeral Home

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.

11 5 1931

MAR 26 1931

