

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.

MAY 25 1931

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

Do not use this space.

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1. PLACE OF DEATH  
County Lewis Registration District No. 477  
Township Clinton Primary Registration District No. 4286  
City Clinton, Mo. (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME John Gilbert Miller  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1863

7. AGE YEARS 67 MONTHS 6 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bank

10. Date deceased last worked at this occupation (month and year) 10 years 11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russellville Ohio

13. NAME Johnson Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah E. Gilbert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Newton Ford (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove Clinton Mo DATE Apr. 7, 1931

19. UNDERTAKER F. D. Kelly (ADDRESS) Clinton, Mo

20. FILED 4-7 1931 H. W. Harris M.D. Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1931, to Apr. 6, 1931  
I last saw him alive on Apr. 4, 1931. Death is said to have occurred on the date stated above, at 2:00 a. m.  
The principal cause of death and related causes of importance were as follows:  
Valvular disease of Heart Date of onset 1920

Other contributory causes of importance:  
92A92A

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. (D)

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) P. W. Jennings, M. D.  
(Address) Clinton, Mo.

