

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

Do not use this space.

17940

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....399
Township.....Kaw..... Primary Registration District No.....1002
City.....Kansas City..... (No. Lawn opposite 1469 E. 66 --- Terrace --- St. --- Ward)

2. FULL NAME.....Joseph S. Miller.....
(a) Residence. No. 1469 East 66th St. Terrace.....15 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 **Mrs. Etta Miller**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 3, 1868**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 8 1

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **Brass molder**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer **Retired 2 years**

9. BIRTHPLACE (CITY OR TOWN) **Malta Bend**
(STATE OR COUNTRY) **Missouri**

PARENTS
10. NAME OF FATHER **Josiah Miller**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**
12. MAIDEN NAME OF MOTHER **Susie Moss**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

14. INFORMANT **Mrs. Etta Miller**
(Address) **1469 E 66th Terrace**

15. FILED **May 6 1931** **M. M. Cronin**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-4 1931**

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ureteral Aortitis

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH... (7)

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **Yes**
WHAT TEST CONFIRMED DIAGNOSIS **Autopsy**
(Signed) **Stanley M. Wolfe** M. D.

574 . 1931 (Address) **1469 E 66th Terrace**
*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 Cemetery** DATE OF BURIAL **May 6th 1931**

20. UNDERTAKER **R. V. Lindsey & Sons, Inc** ADDRESS **Ken. City 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.

