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

Do not use this space.

18285

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 10 — Registered No. [illegible]

City Kansas City (No. Mercy Hospital St. Ward)

2. FULL NAME Foy Miller

(a) Residence. No. St., Ward. Oskaloosa, Kansas
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14, 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	11	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(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) Oskaloosa, Kas.

PARENTS

10. NAME OF FATHER Mr. Miller

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

12. MAIDEN NAME OF MOTHER Gladys Keeling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Oskaloosa

14. INFORMANT Gladys Keeling
(Address) Oskaloosa Kans

15. FILED May 31, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1931

17. I HEREBY CERTIFY, That I attended deceased from May 2, 19 , to May 31, 1931 that I last saw him alive on May 31, 1931, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malnutrition — 5 months
Measles — Not Contagious Now

(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia — 18 days
Otitis Media (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Lab - clinical + phy.

(Signed) Sidney Pakeila M. D.

May 31 1931 (Address) Mercy Hosp —

*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
Oskaloosa, Kans.	6/1 1931

20. UNDERTAKER	ADDRESS
Laurence M. Gobel	Oskaloosa, Ks.

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.