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

Do not use this space.

28140

1. PLACE OF DEATH
County: Howell
Township:
City: Willow Springs. Mo. (No. ..... St. ..... Ward)

Registration District No. 385
Primary Registration District No. 4228

File No.
Registered No. 211

2. FULL NAME Hardin Ulisses Miner

(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.

SEP 2 2 1931

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: Alice Miner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 25-1865

7. AGE: Years 66 | Months 6 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(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): Illinois

PARENTS

10. NAME OF FATHER: Samuel Miner
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Holmes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs Alice Miner
(Address): Willow Springs, Mo

15. FILED: 8/12 1931 J B Ferguson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 11. 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1931, to Aug 11 1931, that I last saw h. alive on Aug 11 1931, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute hyperpyrexia of heart
Acute Gastritis
heart (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cause not known
92.4
455
(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) S E Hayes, M. D.
8/12, 1931 (Address) Willow Spgs. Mo

*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: Tecumseh, Nebraska
DATE OF BURIAL: 8/13/ 1931

20. UNDERTAKER: T.R. Burns & Son. T R Burns & Son
ADDRESS: Willow Spgs. Mo.

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.