

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

Do not use this space.

33681

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St. Joseph,
City St. Joseph,

Primary Registration District No. 3003
(No. 2105 South 13th.)

File No. _____
Registered No. 1076
St. _____ Ward _____

2. FULL NAME

Eugene Virgil Miller,

(a) Residence, No. 2105 South 13th.
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 0 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 Single,
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 20, 1930

7. AGE YEARS 0 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

FATHER 13. NAME Gerald V. Miller,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Missouri,

MOTHER 15. MAIDEN NAME Elizabeth Swobda,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Missouri,

17. INFORMANT (ADDRESS) Gerald V. Miller, 2105 South 13th Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cem. DATE Oct. 21st, 1931

19. UNDERTAKER (ADDRESS) Heaton, Behal, & Bowman, 319 S. 10th St., Funeral Home

20. REGISTRAR John R. Bender, Jr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18, 1931, to Oct. 20, 1931

I last saw him alive on Oct. 18, 1931. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia Date of onset Oct 18

9 10/18

Other contributory causes of importance: Pertussis Oct 12

Name of operation _____ 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.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. Roger Moore, M. D.

(Address) St. Joseph, 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.

NOV 23 1931

WHITE PLAIN, WITH ENLARGING INSTRUMENTS IS A PERMANENT RECORD

