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

Do not use this space.

34356

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Research Hospital St. Ward)

Registration District No. 395
Primary Registration District No. 1062

File No. 4069
Registered No.

2. FULL NAME Hugh Miller
(a) Residence. No. 917 West 38th St. 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 27, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	70	8	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Real Estate Dealer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Robert Hugh Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Anna F. Peters
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liberty
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Elizabeth Miller
(Address) 917 West 38th St.

15. FILED 10/5 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 3, 1931

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1931, to Oct. 3, 1931 that I last saw him alive on Oct. 3, 1931, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) yrs. 7 mos. ds.

CONTRIBUTORY (SECONDARY) 93C

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Kansas City - Mo.
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Electro Cardiogram

(Signed) [signature], M. D.
9/3, 1931 (Address) 400 Professional Bldg

*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
Forest Hill Cem	10-5 1931
20. UNDERTAKER	ADDRESS
Steve + McClure	3235 Gillham Plaza

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.

FEB 1 1944