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.

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

Do not use this space.

37941

1. PLACE OF DEATH
County Jackson — Registration District No. 3002 — File No.
Township Kaw — Primary Registration District No. — Registered No. 5076
City Kansas City (No. Fairmount Hospital St. Ward)

2. FULL NAME Infant Miller
(a) Residence, No. 4911 East 27 St., 14 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 Male
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-25-31
7. AGE YEARS — MONTHS — DAYS — If LESS than 1 day, 5 hrs. 20 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Kansas City Mo

FATHER
13. NAME Phillip Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deceased

MOTHER
15. MAIDEN NAME Ruby Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairbault Minnesota

17. INFORMANT (ADDRESS) Mrs. Nannie Lee Lane 4911 E. 27th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE Dec. 26 1931
19. UNDERTAKER (ADDRESS) A. P. Doehler 1415 E 15
20. FILED 12/23, 1931 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-25, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-25, 1931, to 11-25, 1931
I last saw h. M. alive on 11-25, 1931 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
atelectasis	
161A	
161a	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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?
If so, specify
(Signed) Harry S. Lane, M. D.
(Address) 4911 E. 27