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.

40691

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No.
City Springfield (No. 651 Nichols St. Ward)

2. FULL NAME Daniel Miller
(a) Residence, No. 651 Nichols St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Laura J. Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1839
7. AGE YEARS 92 MONTHS 4 DAYS 18 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 46B
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 162
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) Ohio

FATHER
13. NAME Geo Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Louise Wiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Laura J. Miller Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Ohio DATE Dec 28, 1931
19. UNDERTAKER (ADDRESS) J. W. Klingner Jr. Co Springfield, Mo.
20. FILED 12-28, 1931 Don Sharp Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26, 1931
22. I HEREBY CERTIFY, That I attended deceased from 7-1-, 1926, to 12/26, 1931
I last saw him alive on 12/26, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach about Dec 1930

Other contributory causes of importance: Inanition 46B Nov 15-31

Name of operation None Date of
What test confirmed diagnosis? Physical 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. T. Walsh, M. D.
(Address) Springfield Mo.