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.

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1. PLACE OF DEATH
County: Buchanan — Registration District No.: 35 — File No.:
Township: — Primary Registration District No.: 1001 — Registered No.: 48
City: St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME: James H. Miller,
(a) Residence, No. 2527 South 18th. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 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: Zilpha Miller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 8, 1859.

7. AGE: Years 72 — Months 2 — Days 5 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer, 1278
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Packing House, 1279
10. Date deceased last worked at this occupation (month and year): Jan. 1932
11. Total time (years) spent in this occupation: 30 93

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry Co., Missouri,

FATHER
13. NAME: Jacob Miller,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany, 16

MOTHER
15. MAIDEN NAME: Edith Woodward,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clay County, Missouri,

17. INFORMANT (ADDRESS): Mrs Jas. H. Miller 2527 S. 18th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ashland Cem. DATE: Jan. 15, 1932

19. UNDERTAKER (ADDRESS): Heath Bassett & Bowman 319 S. 10th. St. Funeral Dirs.

20. FILED: JAN 1 4 1932 John R. Bender Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1932, to Jan. 13, 1932
I last saw alive on Jan. 13, 1932. Death is said to have occurred on the date stated above, at 4:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	1/6/32
Chronic Myocarditis	
Extra Balsamic Tumor	
Other contributory causes of importance:	
Chronic Cholecystitis	
Cholelithiasis	

Name of operation: Cholecystectomy Date of operation: Jan. 6-32
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) A. E. Baughman, M. D.
(Address) 2111 Buchanan Bldg.