

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.

MAR 3 1932

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

Do not use this space.

1. PLACE OF DEATH
48 County Jackson Registration District No. 400
Township Brown Primary Registration District No. 5553B
City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Frank Miller
(a) Residence, No. C. Home 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. _____

File No. 5041
Registered No. 25

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-28-1875
AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridgeman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 290
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 2

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ 31

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT J. W. Hasletter
(ADDRESS) C. Home

18. BURIAL, CREMATION, OR REMOVAL Keokuk & Oskawka College

19. UNDERTAKER Ketterer Funeral Home
(ADDRESS) K. C. _____

20. FILED Feb 11 1932 William J. Fields
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1932
22. I HEREBY CERTIFY, That I attended deceased from 2-1-1932 to 2-11-1932
I last saw him alive on 2-9-1932 Death is said to have occurred on the date stated above, at 3 A. M.
The principal cause of death and related causes of importance were as follows:
mitral regurgitation Date of onset _____

Other contributory causes of importance:
92A
92A
92A

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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? no
If so, specify _____
(Signed) J. A. Greene, M. D.
(Address) Independence, Mo.

