Dr Harwell

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

Do not use this space.

7529

File No.

Registered No. 47.

1. PLACE OF DEATH

12 County Butler — Registration District No. 89

2 Township ~~Poplar Bluff~~ — Primary Registration District No. 3007

7 City Poplar Bluff, Missouri, St. Ward)

2. FULL NAME George Washington Miller

(a) Residence, No. 918 Spring Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 Hettie Boswell Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	81	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

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) Tennessee 20

FATHER

13. NAME unknown

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Mrs. John Miller, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 3/16/32 2:30 19

19. UNDERTAKER (ADDRESS) Greer Undertaking Co. Poplar Bluff, Mo.

20. FILED Apr. 6, 1932 B J Cline Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14/32, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1932 to Mar 14, 1932

I last saw him alive on Mar 13, 1932. Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
131	
132 Chronic Nephritis	Infinite
35 [illegible]	

Other contributory causes of importance:

Prostatitis with urine retention	10 days

Name of operation Date of

What test confirmed diagnosis? Cemetery 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 Lee Harwell, M. D.

(Address) Poplar Bluff Mo.

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.

APR 25 1932