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.

File No. 7586

Registered No. 66

1. PLACE OF DEATH

14 County Callaway,

2 Township ~~Fulton,~~

7 City Fulton, Mo, (No. , St. Ward)

Registration District No. 104

Primary Registration District No. 3008

2. FULL NAME William Dudley Miller,

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Stella Miller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 10th, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	70	5	19	

OCCUPATION

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

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) Mo, 1

FATHER

13. NAME John Miller, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va, 2

MOTHER

15. MAIDEN NAME ~~S~~ Emily Stewart,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va,

17. INFORMANT Paul Miller, (ADDRESS) Calwood, Mo,

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Auxvasee Church DATE 3/30 32

19. UNDERTAKER Herndon Taylor (ADDRESS) Fulton Mo.

20. FILED 3/29, 1932 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Viewed dead body 3-29, 1934, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 6 a m.

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

	Date of onset
Acute dilitation of heart	?
95B	

95B

Other contributory causes of importance

none (1)

Name of operation Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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 none

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. G. Hall, M. D.

(Address) Fulton Mo.