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 29 1932

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

Do not use this space.
11197

1. PLACE OF DEATH
97 County Saline — Registration District No. 797 — File No.
Township Miami — Primary Registration District No. 6040 — Registered No. 3
City ~~Marshall~~ (No. County R.F.D. St. Ward)

2. FULL NAME William Robert 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Betty C. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 7, 1853

7. AGE: YEARS 79 — MONTHS 0 — DAYS 27 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Marshall Mo. 1

FATHER
13. NAME: Robert Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va. 2

MOTHER
15. MAIDEN NAME: Virginia Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Wm A. Miller, Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Union Cem. DATE: Mar. 6, 1932

19. UNDERTAKER (ADDRESS): Vandiver Mortuary, Marshall, Mo.

20. FILED: Mar. 5, 1932 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Mar 4, 19..
I last saw him alive on Feb 3, 1932. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1
131 131	
137 (1)	

Other contributory causes of importance:
Hypertrophied Prostate — 19..

Name of operation: none — Date of
What test confirmed diagnosis? Clinical — 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) [signature], M. D.
(Address) Marshall Mo.