

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

Do not use this space.

14821

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10135
City St. Louis, Mo. (No. City Hospital 2)

File No.
Registered No. 4219
St. Ward)

2. FULL NAME Price Miller

(a) Residence, No. 4211 W. Pine St., 19 Ward.

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 1891</u>		
7. AGE	YEARS <u>40</u>	MONTHS <u>6</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer 237</u>	
	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) Geneva Mo.

13. NAME Price Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva

15. MAIDEN NAME Katie Johnson

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

17. INFORMANT W. Struble (ADDRESS) City Hospital 2

18. BURIAL, CREMATION OR REMOVAL PLACE Stanton Tenn DATE April 30 1932

19. UNDERTAKER Wm C. McDowell (ADDRESS) 344 N. Franklin St. St. Louis

20. FILED APR 30 1932 Wm C. McDowell Registrar

70 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27-32
22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1932 to 4-27, 1932
I last saw him alive on 4-27, 1932 Death is said to have occurred on the date stated above, at 8:00 m.
The principal cause of death and related causes of importance were as follows:

177P
Respiratory Distraction
(Valvular)
Other contributory causes of importance: 12/13
Date of onset

Name of operation Cybernetic Operation Date of 4-26-32
What test confirmed diagnosis? aut 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?
If so, specify Hurry
(Signed) Wm C. McDowell, M. D.
(Address) City Hospital 2

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.

