WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

File No. 23004
Registered No.

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City, Mo (No. LaCrande Hospital St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME B. M. "Dick" Miller

(a) Residence. No. St., Ward. Harrisonville, Mo
(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.

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~~ Lillie Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	10	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Dep. Sheriff
(b) General nature of industry, business, or establishment in which employed (or employer): 184
(c) Name of employer: Cass Co., Mo.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: F. A. Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Martha McKown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Charlotte A. Allen
(Address) 506 Oakland K.C. Kansas

15. FILED 7/26 1932 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1932

17. I HEREBY CERTIFY, That I attended deceased from July 24, 19 26, to July 26, 19 26, that I last saw h. ~~LIVE~~ alive on July 26, 19 26, and that death occurred, on the date stated above, at 9:05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. (a) Acute Septic Nephritis
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Acute Gangrenous Appendicitis (Ruptured)
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED (D)
IF NOT AT PLACE OF DEATH Harrisonville Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 24/32
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) Dr. George J. Conley, M. D.
, 19 (Address) 2801 Flora K.C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bryant Cem, Belton Mo	July 27, 1932

20. UNDERTAKER	ADDRESS
E. K. George & Sons	Belton Mo.

Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.