

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.

AUG 25 1932

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

Do not use this space.

**23323**

1. PLACE OF DEATH  
 58 County Quinn Registration District No. 502 File No. \_\_\_\_\_  
 6 Township \_\_\_\_\_ Primary Registration District No. 4305 Registered No. 19  
 4 City Marceline (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harrison Snyder Miller  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Ann Foster Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 25 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 9 11

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 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 \_\_\_\_\_

MOTHER FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Co. ? Pa.  
 13. NAME David Miller  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.  
 15. MAIDEN NAME Eather  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Ray Miller  
 (ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE N. F. Oliver DATE July 7 1932

19. UNDERTAKER Jas. M. Daugherty  
 (ADDRESS) Marceline Mo

20. FILED 7/8 1932 Ola Putnam  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to July 4, 1932  
 I last saw him alive on July 4, 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy 131  
Apoplexy 82-1  
 Other contributory causes of importance:  
Chronic nephritis  
131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Dr. Putnam M. D.  
 (Address) Marceline Mo

