

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

Do not use this space.

264959

1. PLACE OF DEATH

4-9 County Joplin Registration District No. 41
 5-2 Township Hope Creek Primary Registration District No. 200
 5-1 City Joplin Mo (No) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

John Lewis 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27-1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 1 18

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting Houses
 10. Date deceased last worked at this occupation (month and year) a few days 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER FATHER
 13. NAME Louis Miller

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

15. MAIDEN NAME Adeline Rosenfeld

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

17. INFORMANT Mrs. Francis Miller
 (ADDRESS) 46 & Ky 202

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Creek DATE Aug 10 1937

19. UNDERTAKER Frank - Divers Co.
 (ADDRESS) Joplin Mo

20. FILED 8/18 1937 John Lewis Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:30 a.m.

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

Jaundice 178
4.6.65
 Other contributory causes of importance: Carcinoma of Liver 178

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 Aug 8 1937
 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 1
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify W. H. Brookshire, M. D.
 (Signed) _____ (Address) Joplin, Mo.

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.

SEP 23 1937

MARGIN RESERVED FOR BINDING

V. S. NO. 2

