

NOV 29 1932

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

Do not use this space.

34588

1. PLACE OF DEATH

113 County 27th Registration District No. 993
2 Township Wentworth Primary Registration District No. 4540
2 City Wentworth City (No. 19 St. 19 Ward)

2. FULL NAME

Jannik Haas Miller
(a) Residence, No. 19 St. 19 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>V. Bert Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17 1881</u>		
7. AGE <u>51</u>	YEARS <u>5</u>	MONTHS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation <u>25</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>11 235</u>		
10. Date deceased last worked at this occupation (month and year) <u>October 1932</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth City, Mo.</u>		
13. NAME <u>John G. Haas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth City, Mo.</u>		
15. MAIDEN NAME <u>Emma E. Haas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentworth City, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Bert Miller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentworth City, Mo.</u> DATE <u>Oct 20, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>John C. Dumble</u>		
20. FILED <u>Oct 20, 1932</u> <u>John Andrews</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 1932

22. I HEREBY CERTIFY, That I attended deceased from July 32 to Oct 17 1932
I last saw her alive on Oct 17 1932 Death is said to have occurred on the date stated above, at 5:00 p. m.
The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver
Date of onset 11 12 13 14 15

Other contributory causes of importance: ✓

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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 ✓
(Signed) John Andrews, M. D.
(Address) Wentworth City, Mo.

2013.10.10