

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

Do not use this space.

38022

1. PLACE OF DEATH

98 County Schuylar Registration District No. 806
Township Prarie Primary Registration District No. 6052
City Near Queenscity Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Jacob D. Miller

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sue Miller Retired

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 15 1843

7. AGE YEARS 89 MONTHS 2 DAYS 26 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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 Life

12. BIRTHPLACE (CITY OR TOWN) Columbus Ohio (STATE OR COUNTRY) 2

FATHER 13. NAME Daniel Miller

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 10

MOTHER 15. MAIDEN NAME Mary Miller

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

17. INFORMANT Mrs D. C. Brenizer (ADDRESS) Queenscity Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queenscity Cemetary Nov, 13 1932

19. UNDERTAKER Wm M. West (ADDRESS) Queenscity Mo

20. FILED 11/13 1932 J. V. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 12 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1932 to Nov 12 1932
I last saw him alive on Oct 25 1932 Death is said to have occurred on the date stated above, at 12:20 a.m.

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

Organic Heart lesion Date of onset 1930
95 B 75 B

Other contributory causes of importance: None

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? _____
If so, specify _____
(Signed) Lafayette Wood M. D.
(Address) Queenscity 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.

JAN 5 1935

