

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

Do not use this space.

1. PLACE OF DEATH:

43 County Lick Registration District No. 365
Township Wheatland Primary Registration District No. 5511
City Wheatland, Mo St. _____ Ward _____

File No. 89423
Registered No. _____

2. FULL NAME

Jessie Garden Miller
(a) Residence No. Wheatland, Mo Ward _____
(Usual place of abode)
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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hertode Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10 1856
7. AGE YEARS 76 MONTHS 7 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME David Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Susie Breshears
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Lizzie Seibert (ADDRESS) Wheatland Mo
18. BURIAL, CREMATION, OR REMOVAL Dunkard Cemetery DATE 12/8 32
19. UNDERTAKER J. R. Tucker (ADDRESS) Wheatland
20. FILED 12-8 1932 Mrs. A. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 1932
22. I HEREBY CERTIFY, That I attended deceased from August 12, 1932 to Dec 6, 1932
I last saw him alive on Nov 23, 1932. Death is said to have occurred on the date stated above, at 3:00 P.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 25 or 30 yrs ago
Other contributory causes of importance 23A
Name of operation _____ Date of _____
What test confirmed diagnosis? Microscopic 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? No
If so, specify _____
(Signed) A. S. Johnston, M. D.
(Address) Wheatland Mo

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 23 1933

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

