

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

Do not use this space.

1. PLACE OF DEATH

44 County Holt Registration District No. 375
Township Hickory Primary Registration District No. 5022
City _____ (No. _____) St. _____ Ward _____

File No. 39440
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Franco George Miller
(a) Residence, No. _____ St. _____ 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Child</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2 - 1930</u>					
7. AGE		YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
		<u>2</u>	<u>7</u>	<u>22</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>				
	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 _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Holt Mo</u>					
FATHER	13. NAME <u>Geo. S. Miller</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>				
MOTHER	15. MAIDEN NAME <u>Ella Noble</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>				
17. INFORMANT <u>Geo. S. Miller</u> (ADDRESS) <u>Oregon Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oregon Mo.</u> DATE <u>Dec 25, 32</u>					
19. UNDERTAKER <u>John Smith</u> (ADDRESS) <u>Oregon Mo.</u>					
20. FILED <u>Dec. 24, 1932</u> <u>John Smith</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1932 to Dec 24, 1932
I last saw him alive on Dec 17, 1932 Death is said to have occurred on the date stated above, at 11:30 AM.
The principal cause of death and related causes of importance were as follows:
Influenza - Meningitis
IB IB
Other contributory causes of importance: Influenza
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chief 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) Dr. M. L. Holliday, M. D.
(Address) Hillmore 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 1934

RECORD

