

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

Do not use this space.

13959

1. PLACE OF DEATH

County Mississippi Registration District No. 527
 Townships East Prairie Primary Registration District No. 4324
 City East Prairie, Mo. (No.) St. Ward)

2. FULL NAME

Lucian Davis Miller
 (a) Residence, No. East Prairie, Mo. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada S. Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-18-1858
 7. AGE YEARS 74 MONTHS 5 DAY 4 If LESS than 1 day, hrs. or min.

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

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

13. NAME Franklin C. Ross Miller

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

15. MAIDEN NAME Susan Kendrick

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

17. INFORMANT Joe Doyle East Prairie, Mo.
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACES Edgell's Charleston Mo DATE 4/23 1933

19. UNDERTAKER Kravis W. Shields
 (ADDRESS) East Prairie, Mo.

20. FILED 4-18 1933 Dufford Registrar.

MEDICAL CERTIFICATE OF DEATH 7:30 P.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 22 1933

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to 19.....
 I last saw him alive on No Doctor 19..... Death is said

to have occurred on the date stated above, at m.

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

Death caused by
Strangulation caused by
hanging
 Other contributory causes of importance None
 Date of onset

Name of operation Truquet Date of ✓

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Suicide Date of injury 4/22, 1933

Where did injury occur? Truck
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public
Hanged by rope

Nature of injury suicide

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Paul T. Hockney

(Address) Mississippi Co. Char. Co.

Charleston 450

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.

MAY 22 1933

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