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.

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

Do not use this space.

1. PLACE OF DEATH
50 County Jefferson
Township Joachim
City ..... (No. ....., ..... St. ..... Ward)

Registration District No. 421
Primary Registration District No. 5575

File No. 20152
Registered No. 60

2. FULL NAME Meyer Miller
(a) Residence, No. Festus, 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 46 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Anna Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1872
7. AGE Years 60 Months 11 Days 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry good Mcht
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 8 yr

23 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER
13. NAME Berd Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

23 MOTHER
15. MAIDEN NAME Rachel Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

23 17. INFORMANT (ADDRESS) Mrs Anna Miller Festus Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis Mo DATE 6-30- 1933

19. UNDERTAKER (ADDRESS) Duester & Vinyard Festus Mo.

20. FILED 6/29 1933 J. E. Rutledge Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1933

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ ....., 19....., to ....., 19.....
~~I last saw h~~ ..... ~~alive on~~ ....., 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:~~

Conducted inquest on body of Meyer Miller on June 28, 1933
Jury returned verdict of suicide by shooting in the head.

Date of onset

Other contributory causes of importance:

167 167

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) Frank Frazier, M. D.
(Address) Acting Coroner
Festus Mo.