Bury

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

Do not use this space.

1. PLACE OF DEATH
112 County Webster — Registration District No. 899 — File No. 22176
Township Jackson — Primary Registration District No. 6305 — Registered No. 5
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Marion O. Miller
(a) Residence, No. ..... 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: 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 Hattie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1877

7. AGE: YEARS 55 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Ohio

FATHER
13. NAME John F. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Jam Hahn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) John A Miller

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant View DATE June 7 1933

19. UNDERTAKER (ADDRESS) W. T. McMahan Marshfield, Mo.

20. FILED 7-10- 1933 Fred R. Whitson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to June 6, 1933
I last saw him alive on June 5, 1933. Death is said to have occurred on the date stated above, at 1-30 a.m.
The principal cause of death and related causes of importance were as follows:

Shotted Fever
Caused by Tick

Date of onset

Other contributory causes of importance:

18

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) E M Bailey, M. D.
(Address) Elkland 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.

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

JUL 23 1933