

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

1. PLACE OF DEATH
 County Worth State IOWA Registered No. 22180
 Township Smith or Village _____
 City Attentale No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution give its name instead of street and number)
 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.

2. FULL NAME Harold Vance Miller
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Boy

6. DATE OF BIRTH (month, day, and year) Nov. 6-1923

7. AGE Years 9 Months 6 Days 27 If less than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) North Co (State or country) Mo.

13. NAME Perry Miller

14. BIRTHPLACE (city or town) North Co (State or country) Mo.

15. MAIDEN NAME Ethel Adams

16. BIRTHPLACE (city or town) North Co (State or country) Mo.

17. INFORMANT Perry Miller (Address) Attentale Mo.

18. BURIAL, CREMATION, OR REMOVAL Place Attentale Date 6/4, 1933

19. LICENSED EMBALMER C. C. Rhoades No. 3473 (Address) Att. Ave. Iowa

20. FILED 7-10-33 John Anderson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to June 3, 1933.
 I last saw him alive on June 2, 1933, death is said to have occurred on the date stated above, at 10:00 AM.
 The principal cause of death and related causes of importance in order of onset were as follows: Polio Infantum Date of onset _____

Contributory causes of importance not related to principal cause: Inf. injury following fall May 29

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 ✓, 1933
 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) John Anderson M. D.
 (Address) Attentale Mo.

(OVER)

BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S. ? If so give name of War

I, W. J. Thacker Licensed Embalmer No. 2479 hereby certify that
the body recorded on the reverse side of this certificate was embalmed by W. J. Thacker L. E.

No. or by Registered apprentice No.

working under my personal supervision.

Signed, W. J. Thacker

Licensed Embalmer No. 2479

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING.
(Failure to comply with the above constitutes grounds for revocation of license).