

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township St. Joseph, Primary Registration District No. 1001
 City St. Joseph, (No. Missouri Methodist Hospital) Registered No. 22371
 St. _____ Ward 705

2. FULL NAME James Miller,

(a) Residence, No. _____ St. _____ Ward. Parnell, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. mos. 4 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) widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Miller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1846

7. AGE YEARS 86 MONTHS 10 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) July 1919 **11. Total time (years) spent in this occupation** 53

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Ohio,

13. NAME Ellis Miller,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

15. MAIDEN NAME Lear Pratte,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Frank Miller, Sheridan, Missouri,

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Oxford, Mo. DATE July 16, 1933

19. UNDERTAKER (ADDRESS) Theater, Bellale, H. Bowman, 319 S. 10th. St., Jersey, Mo.

20. FILED 7-15 19 33 John Kender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1933

22. I HEREBY CERTIFY, That I attended deceased from July 4 1933 to July 15 1933
 I last saw him alive on July 14 1933. Death is said to have occurred on the date stated above, at 2:45 A. m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia - lobar Date of onset 7-9-33
1868
1913
1918
1860
 Other contributory causes of importance:
Fracture of femur
fell when standing in home

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? acc Date of injury Unknown
 Where did injury occur? Sheridan, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home
 Manner of injury fell when standing
 Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Paul Ingraver M. D.
 (Address) St Joseph

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.

AUG 20 1933

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