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 26 1933

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

Do not use this space.

85

1. PLACE OF DEATH

County ~~Andrew~~, Buchanan — Registration District No. — File No. 22389

Township ~~Lincoln~~, — Primary Registration District No. 1001 — Registered No. 725

City St. Joseph (No. Missouri Methodist Hospital, St. Ward)

2. FULL NAME Albert John Miller,

(a) Residence, No. 4 M.N.W., Amazonia, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 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): Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 14, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
44	7	7	

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. Farm,
10. Date deceased last worked at this occupation (month and year) July 1933
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

FATHER

13. NAME John S. Miller,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cosby, Missouri,

MOTHER

15. MAIDEN NAME Elsie Egger,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frutigen, Switzerland,

17. INFORMANT (ADDRESS) John S. Miller R.F.D. # 1, Amazonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. John's Reformed DATE July 23, 1933

19. UNDERTAKER (ADDRESS) Heaton-Bergole & Bowman 319 S. 10th St. Funeral Home

20. FILED 7-21, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 20th July, 1933, to 21 July, 1933

I last saw him alive on July 20, 1933. Death is said to have occurred on the date stated above, at 6:07 a.m.

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

~~[illegible]~~ (about 7/15/33 — Date of onset)

Acute Exacerbation of Chronic Nephritis

Other contributory causes of importance:

Acute Uremia — 12 hours duration

Name of operation — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy? No

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) [signature], M. D.

(Address) St. Joseph Mo