

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

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
 12. County Butler Registration District No. 89
 13. Township Poplar Bluff Primary Registration District No. 3007
 14. City Poplar Bluff (No. 135-B.C.) St. Mo. Ward 4 (If nonresident, give city or town and State)
 2. FULL NAME Robert Miller
 (a) Residence, No. 135-B-73 St. 4 Ward 4 Warville 2nd
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

22448

File No. _____
Registered No. 123
St. 4 Ward

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 Lou Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20-1893
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 27
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 16, 1933
 I last saw him alive on July 16, 1933. Death is said to have occurred on the date stated above, at 12:00 a m.
 The principal cause of death and related causes of importance were as follows:

Chronic hepatitis

Other contributory causes of importance: 131

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Carl Kerbeck
 (ADDRESS) Poplar Bluff
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Funeral home DATE 7/18, 1933
 19. UNDERTAKER Beverly Funeral Home
 (ADDRESS) Poplar Bluff
 20. FILED Aug 1, 1933 O. J. Cling Registrar.

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?.....
 (Signed) Alfred P. Ray, M. D.
 (Address) Poplar Bluff

AUG 20 1933

