

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

Do not use this space.

29546

1. PLACE OF DEATH

County Jackson Registration District No. 899
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 4425 Scarritt) St. _____ Ward _____

2. FULL NAME Jno. I. Miller

(a) Residence, No. 4425 Scarritt St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 Mrs. Annie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS 72 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Glass Strach Co.

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) Ill.

13. NAME No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

15. MAIDEN NAME No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Data

17. INFORMANT Mrs. Annie Miller (ADDRESS) 4425 Scarritt

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Washington Cem DATE 10/2/33

19. UNDERTAKER J. E. Mayberry (ADDRESS) City

20. FILED Oct 1 1933 M. M. Terove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/29/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933, to Sept 29, 1933

I last saw him alive on Sept 29, 1933. Death is said to have occurred on the date stated above, at 8/20P.m.

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

Carcinoma of stomach

46B

46C

46E

Date of onset

Other contributory causes of importance:

Starvation
Generalized metastasis of carcinoma to liver + lungs

Name of operation None 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? _____ 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? No

If so, specify _____

(Signed) P. T. Bohan M. D.

(Address) 906 med arts Bldg. K.C. Mo.

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.

NOV 10 1933

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Dr. J. A. Baughman
The Editor