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

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

Do not use this space.

File No. 35357
Registered No. 22

1. PLACE OF DEATH
County Shelby
Township Clay
City Clarence
Registration District No. 827
Primary Registration District No. 4500
St. Ward)

2. FULL NAME Alfred Andrew Jackson Miller

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

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 A. J. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1859

7. AGE: Years 74 | Months 7 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) (STATE OR COUNTRY) Ill.

FATHER
13. NAME James Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Nancy Duncan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. A. J. Miller
(ADDRESS) Clarence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maplewood DATE Oct 16 1933

19. UNDERTAKER E. C. Hopper
(ADDRESS) Clarence, Mo.

20. FILED Oct 17 1933 Ray Hamilton
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933 to Oct 14 1933
I last saw him alive on Oct 14 1933. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Gland.	1929
51C	
137	

Other contributory causes of importance: none

Name of operation Prostatectomy Date of 1932
What test confirmed diagnosis? Micro Path 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) D. L. Harlan, M. D.
(Address) Clarence, Mo.