

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

Do not use this space.

35711

85

1. PLACE OF DEATH
 County Buchanan Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Joseph (No. 1401 South 16th St.) St. _____ Ward _____

File No. _____
 Registered No. 1199

2. FULL NAME John J. Miller
 (a) Residence, No. 116 West Isabelle St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 65 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 Mary A. Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 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) 1932 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

13. NAME Michael Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

15. MAIDEN NAME Anna Fouch

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

17. INFORMANT Rose Schmidt
 (ADDRESS) 115 West Isabelle St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent
 PLACE St. Joseph, MO. DATE Nov. 10, 1933

19. UNDERTAKER H. C. Sidenfedin
 (ADDRESS) 1802 Union Street

20. FILED 11-9-33 19 John R. Bender Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1933

22. I HEREBY CERTIFY, that I attended deceased from June 15, 1933 to Nov 7, 1933
 I last saw him alive on Nov 7, 1933 Death is said

to have occurred on the date stated above, at 2:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Infarction - ?
02A
05A
Other contributory causes of importance:
Enlargement of heart ?

Name of operation none Date of _____
 What test confirmed diagnosis clin 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) Frank H. Harkness, M. D.
 (Address) Kirkpatrick Bldg. St. Joseph 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.

JAN 3 1934

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