

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

Do not use this space.  
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1933  
JAN 4

PLACE OF DEATH

County Knox

Registration District No. 441

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4259

Registered No. 34

City Edina (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Frank Sillik Miller

(a) Residence, No. Edina St. Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12, 1856

7. AGE YEARS 76 MONTHS 10 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) 1930 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sabina Ohio

13. NAME David Henry Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Mary Ann Sillik

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Ohio

17. INFORMANT (ADDRESS) Maurita Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Edina DATE Nov. 6 1933

19. UNDERTAKER (ADDRESS) J. H. Treuthart Edina, Mo.

20. FILED Nov. 6 1933 Mrs. C. M. Smith Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1933, to Nov 4 1933

I last saw him/her alive on Nov 4 1933. Death is said to have occurred on the date stated above, at 8:20 P. M.

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

Pneumonia  
Tuberculosis of Lungs  
Chronic several years

Date of onset Oct 26

Other contributory causes of importance:

Tuberculosis of Lungs  
Chronic several years

Name of operation None 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 \_\_\_\_\_ 1933

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? Yes

If so, specify \_\_\_\_\_

(Signed) W. E. Linnell, M. D.  
(Address) Edina 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.

MAY BE RESERVED FOR BINDING

S. NO. 2.

