

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

Do not use this space.

39412

JAN 26 1934

1. PLACE OF DEATH

17 County Carroll Registration District No. 133
Township Van Horn Primary Registration District No. 5184
City (No.) St. Ward)

File No.
Registered No. 28

2. FULL NAME

Floyd Hampton 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun 7, 1907
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26 6 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Carrollton (STATE OR COUNTRY) Mo

13. NAME Luther Miller

14. BIRTHPLACE (CITY OR TOWN) Carroll County (STATE OR COUNTRY) Mo

15. MAIDEN NAME Gloria Ritzinger

16. BIRTHPLACE (CITY OR TOWN) Carroll County (STATE OR COUNTRY) Mo

17. INFORMANT Luther Miller (ADDRESS) Carrollton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sak Hill Cem DATE Dec 10 1933

19. UNDERTAKER Stanley (ADDRESS) Carrollton, Mo

20. FILED 12-10 1933 Jamie Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-1-33 19... to 12-8- 1933
I last saw him alive on 12-8 1933 Death is said to have occurred on the date stated above, at 8:30 P. m.

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

Chronic pulmonary tuberculosis Date of onset 1931
230

Other contributory causes of importance: 23

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?
If so, specify Chronic Pulmonary Tuberculosis
(Signed) A. R. Scoville M. D.

(Address) Carrollton, Mo

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.

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

