

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

Do not use this space.

1501

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kan. Primary Registration District No. _____
 City Kan. Ch. (No. 814 Glenauiy) St. _____ Ward _____

File No. _____
 Registered No. 42
 St. _____ Ward _____

2. FULL NAME

George Ira Miller
 (a) Residence, No. 814 Glenauiy St. _____ Ward _____
 (Usual place of abode)
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 16-1876</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>9</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Labor</u>		11. Total time (years) spent in this occupation
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
13. NAME <u>Miller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
15. MAIDEN NAME <u>Miller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alabama</u>		
17. INFORMANT (ADDRESS) <u>Walter Miller</u> <u>814 Glenauiy</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Lawn</u> DATE <u>Jan 31</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>H. Bergman</u>		
20. FILED <u>Jan 31</u> 19 <u>34</u> <u>M. M. Crown</u> <u>Assoc. Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1934

22. I HEREBY CERTIFY that I attended deceased from _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____³ p.m.

The principal cause of death and related causes of importance were as follows:
Pulmonary edema
476
W.D.

Other contributory causes of importance: _____

Name of operation _____ Date of operation _____

What test confirmed diagnosis? Pulmonary Was there a post-mortem? _____

23. If death was due to external causes (violence, etc.) list 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) [Signature], M. D.
 (Address) [Address]

