

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

Do not use this space.

MAR 24 1934

PLACE OF DEATH

County _____
Township _____
City St. Louis

Registration District No. 792
Primary Registration District No. 1003
(No. St. Paul Hospital)

File No. 7002
Registered No. 1880
St. _____ Ward _____

2. FULL NAME

Leland James Miller
(a) Residence, No. 6239 Hoffman Ave St., 13 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>11</u>	<u>10</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

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) St. Louis MO

FATHER 13. NAME Albert C. Miller

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcadia MO

MOTHER 15. MAIDEN NAME Freda E. Smith

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcadia MO

17. INFORMANT Albert C. Miller
(ADDRESS) 6239 Hoffman Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's (Paul) DATE Feb. 23 '34

19. UNDERTAKER Friedshyers, Morticians
(ADDRESS) 4258 So. Kingshighway

20. FILED 22 1934 J. J. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1934

22. HEREBY CERTIFY that attended deceased from Feb 20 11:30 AM 1934 to Feb 20 7:10 PM 1934
Last saw him alive on Feb 20, 19..... Death is said

to have occurred on the date stated above, at 7:30 P. M.

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

Acute Lymphatic Leukemia
Feb 14
Other contributory causes of importance: 72
Date of onset 34

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 _____

(Signed) Julius H. Brady, M. D.
(Address) (467) Lumber

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.

Mr Bradley

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