

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

Do not use this space.

7619

1. PLACE OF DEATH

County Worth

Township Smith

City Atterbury (No. _____)

Registration District No. 905

Primary Registration District No. 6211

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 Life 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)

Married

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

Lucy Miller

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

July 12, 1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

49

7

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

Self

(c) Name of employer

Self

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Atterbury Mo.

10. NAME OF FATHER

James H. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unionville Mo.

12. MAIDEN NAME OF MOTHER

Sarah Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

14. INFORMANT

(Address)

Bert Miller

Grant City - Mo.

15. FILED

19 _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 23 1934

17. I HEREBY CERTIFY, That I attended deceased from Jan 18 1934, to Feb 23 1934, and that I last saw him alive on Feb 22 1934, and that death occurred, on the date stated above, at 1:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Nephritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. H. Swift. D.D.

, 19 _____ (Address) Grant City.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Grant City, Mo.

2/25 1934

20. UNDERTAKER

ADDRESS

Arch C. Dumble

Grant City, Mo.

N. B.—Every item of information should be carefully supplied. Any amount of space may be used. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County North
Township Sauvage
City (No. _____) _____

Registration District No. 903
Primary Registration District No. 6211

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

2. FULL NAME

(a) Residence, No. _____ 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1884</u>		
7. AGE <u>49</u>	YEARS <u>7</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Albion, Ind.</u>		
13. NAME <u>James K. P. Miller</u>		
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Union, Ind.</u>		
15. MAIDEN NAME <u>Sarah Jackson</u>		
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) <u>Union, Ind.</u>		
17. INFORMANT (ADDRESS) <u>Bert Miller</u> <u>Grant City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grant City</u> DATE <u>2/25</u> 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Augie C. Dunfee</u> <u>Grant City, Ind.</u>		
20. FILED <u>March 20, 1934</u> <u>Fred M. M. D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from
Feb 18 to Feb 22, 1934

I last saw him alive on Feb 22, 1934 Death is said
to have occurred on the date stated above, at 1:00 p.m.

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

Date of onset

Myocarditis

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Chol 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) J. H. Swift M. D.
(Address) _____

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