

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

Do not use this space.

1. PLACE OF DEATH

County Andrew. Registration District No. 15
 Township Empire Primary Registration District No. 3018
 City (No.) St. Ward (No.)

File No. 7671
 Registered No. 7

2. FULL NAME George Henry Miller

(a) Residence, No. St. Ward. Union Star, Mo.
 (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) Widower.
 5A: IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Miller.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1849
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 11 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. farming.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Oskaloosa (STATE OR COUNTRY) Iowa.

13. NAME Joseph Miller

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

15. MAIDEN NAME Armilda Edwards

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Guy Miller (ADDRESS) Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE Mar. 15, 1934

19. UNDERTAKER H.D. Wilson (ADDRESS) King City, Mo.

20. FILED Mch 23 1934 E.C. Jefferies Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 22, 1934 to March 11, 1934
 I last saw him alive on March 11, 1934 Death is said to have occurred on the date stated above, at 1:35 A.M.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Other contributory causes of importance:

Cerebral Hemorrhage

Date of onset

Name of operation 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 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? DO
 If so, specify Guthrie E. Rockwood

(Signed) Guthrie E. Rockwood (Address) Union Star, 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. 1934

