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.

25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 8 File No. 7981

Township Primary Registration District No. KC Registered No. 392

City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Male Miller.

(a) Residence, No. St., Ward. Nodaway Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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) March 31, 1934.

7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 6 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
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) Nodaway. Missouri.

FATHER

13. NAME Elmer Miller.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamburg Iowa.

MOTHER

15. MAIDEN NAME Lucille Harper.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dewitt. Missouri.

17. INFORMANT (ADDRESS) Elmer Miller. Nodaway Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeWitt Mo. DATE April 1, 1934

19. UNDERTAKER (ADDRESS) H. O. Sidenfadew 1802 Union Street

20. FILED 3-31-1934 John R Brodie Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 31, 1934, to Feb 31, 1934

I last saw him alive on Feb 31, 1934. Death is said to have occurred on the date stated above, at 1 p. m.

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

Premature Birth "6 mos." Date of onset

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Other contributory causes of importance

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ 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? No

If so, specify

(Signed) Dr. R. R. Kelley, M. D.

(Address) Savannah Mo.