

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

Do not use this space.

839511

1. PLACE OF DEATH

County Daviness Registration District No. 251
Township Grand River Primary Registration District No. 5350
City Grand River (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Joseph G. Miller
(a) Residence, No. St. Ward.
(Visual 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Florence Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 7-1880</u>		
7. AGE YEARS <u>54</u>	MONTHS <u>2</u>	DAYS <u>2</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 17-34</u>	
11. Total time (years) spent in this occupation. <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daviness Co. Missouri</u>		
MOTHER FATHER	13. NAME <u>Mack Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
	15. MAIDEN NAME <u> Polly Ann Goodbar</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Florence Miller</u> <u>Galatien Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jamesport Mo.</u> DATE <u>3-11-34</u>		
19. UNDERTAKER (ADDRESS) <u>A. G. Hooper</u> <u>Galatien Mo.</u>		
20. FILED <u>3-11-34</u> <u>Geo. E. Robinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th 34, 1934, to Mar 9th 34
I last saw him alive on Mar 9th 34, 1934 Death is said to have occurred on the date stated above, at 12: m.
The principal cause of death and related causes of importance were as follows:
Adeno pneumonia
4/1/33
4/1/34
1006
Other contributory causes of importance:
Lobar pneumonia

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? Yes
If so, specify
(Signed) J. P. Graham, M. D.
(Address) Jamesport 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.

