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

Do not use this space.

APR 25 1934

File No. 11600

Registered No.

1. PLACE OF DEATH
County: Shelby
Township: Black Creek
City: Shelbyville (No. ; St. Ward)
Registration District No. 831
Primary Registration District No. 4504

2. FULL NAME: Junior Lee Miller

(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 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): Mar. 23. 1933

7. AGE: Years ✓ | Months 11 | Days 25 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Shelbyville
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Wiley Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Shelby Co. Mo.
12. MAIDEN NAME OF MOTHER: Alice Selby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Knox Co. Mo.

14. INFORMANT: Wiley Miller
(Address): Shelbyville Mo.

15. FILED: Mch 18 1934 Josephine Finney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 18 1934

17. I HEREBY CERTIFY, That I attended deceased from Mch 1 1934, to Mar 18 1934, that I last saw him alive on Mar 18 1934, and that death occurred, on the date stated above, at 6.30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Simple Meningitis - Probable Cause Staphylococcus or Pneumococcus Secondary & Bronchial Pneumonia (duration) yrs. mos. 1 ds.
CONTRIBUTORY (SECONDARY) Bronchial Pneumonia (duration) yrs. mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✗
Did an operation precede death? No Date of ✗
Was there an autopsy? No
What test confirmed diagnosis? None
(Signed) P. S. Archer, M. D.
3-19, 1934 (Address) Shelbyville Mo

*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: Doon Cemetery — DATE OF BURIAL: Mar 19 1934
20. UNDERTAKER: J. H. Frampton & Son — ADDRESS: Shelbyville 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.