

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

Do not use this space.

16749

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 1002
 Township Kanawha Primary Registration District No. 1002 Registered No. 1002
 City Kansas City (No. 420 General Hosp) (St. Mo) (Ward)

2. FULL NAME

(a) Residence, No. 3505E 2nd St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred 18 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, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30-1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Ark

13. NAME J. S. Miller

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

15. MAIDEN NAME Reynolds

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

17. INFORMANT (ADDRESS) Rec. Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE May-12-34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster

20. FILED 5/12, 1934 mlm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-3, 1934 to 5-10, 1934

I last saw him alive on 5-10, 1934 Death is said to have occurred on the date stated above, at 3:25 a.m.

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

Subar Pneumonia Date of onset 10/8

Other contributory causes of importance: 10/8

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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. Guenther, M. D.

(Address) 420 General Hosp

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.

JUN 19 1934

DEPARTMENT RECORD

