

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

Do not use this space.

**1. PLACE OF DEATH**

County.....*St. Louis* Registration District No. *791*  
 Township.....*St. Louis* Primary Registration District No. *1003*  
 City *4258 W. Cote Brilliant* *4258 Cote Brilliant* File No. *18899*  
 (Ward) *11* Registered No. *5411*

**2. FULL NAME**

*John Miller*  
 (a) Residence, No. *4258 W. Cote Brilliant* *11* Ward.  
 (Usual place of abode)

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 *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF *Mary Miller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 11, 1872*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*62* *17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Train Porter*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *95*

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) *Mo.*

13. NAME *Dudley Miller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

15. MAIDEN NAME *Bettie Shellcraw*

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

17. INFORMANT (ADDRESS) *Mary Miller, 4258 W. Cote Brilliant*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Versailles, Mo.* DATE *6-2-'34*

19. UNDERTAKER (ADDRESS) *Jas. H. Harrison, 2906 Lawton Ave.*

20. FILED *J. H. Sedwick* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-28* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *May 21* 19*34* to *May 28* 19*34*.  
 I last saw him alive on *May 27* 19*34*. Death is said to have occurred on the date stated above, at *11:30 AM*.  
 The principal cause of death and related causes of importance were as follows:

*about May 21 & first call*  
*of lateral pneumonia*  
*He had a cardiac asthma*  
 Other contributory causes of importance: *He had a cardiac asthma*

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?  
 If so, specify *C. L. Puckett*, M. D.  
 (Signed) *C. L. Puckett*  
 (Address) *3529 Franklin*

JUN 19 1934

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MOTHER FATHER

