

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Manchester
City Manchester (No. 725, W # 4)

Registration District No. 796
Primary Registration District No. 0039

File No. 19125
Registered No. 1/4
St. _____ Ward _____

2. FULL NAME

Charley C. Miller
(a) Residence, No. Manchester, Mo. 7, 2, St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rannie Griffith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>7</u>	<u>13</u>	

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

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) Virginia

13. NAME John Miller

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank C. Miller
(ADDRESS) 502 S. 9th Street Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park cemetery May 14, 1934

19. UNDERTAKER (ADDRESS) G. L. Suter

20. FILED 5-14-34 W. L. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934

22. I HEREBY CERTIFY That I attended deceased from 5:18, 1930, to May 13, 1934.

I last saw him alive on May 4, 1934. Death is said to have occurred on the date stated above, at 2 AM

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

Chronic Myocarditis Date of onset 4 yrs

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Chronic 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) W. L. Miller, M. D.
(Address) W. L. Miller

I. 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 26 1934

