

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

Do not use this space.

19903

480

**1. PLACE OF DEATH**

County Boone  
Township Jefferson  
City Jefferson (No.         )

Registration District No. 213  
Primary Registration District No. 3014

File No.           
Registered No.          St.          Ward         

**2. FULL NAME**

(a) Residence, No. 411 Green mill St.,          Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 15 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>Dedecia Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 17-1866</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>9</u>
	DAYS <u>11</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>Boone cafe Gardens</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>No information</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No</u>	
MOTHER	15. MAIDEN NAME <u>No</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No</u>	
17. INFORMANT (ADDRESS) <u>Dr. B. S. Ford</u>		
18. BURIAL, CREMATION, OR REMOVAL Place <u>        </u> Date <u>July 31</u>		
19. UNDERTAKER (ADDRESS) <u>        </u>		
20. FILED <u>6/29/1934</u> 1934 <u>Dr. B. S. Ford M.D.</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1934 to March 1, 1934  
I last saw him alive on March 1, 1934. Death is said to have occurred on the date stated above, at 8:30 P.M.  
The principal cause of death and related cause of importance were as follows:  
11A Punctionious aneuria  
Other contributory causes of importance: 11A  
Name of operation          Date of           
What test confirmed diagnosis? Microscopic 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) E. S. Ford, M. D.  
(Address) Jefferson City 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.

JUL 10 1934

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