

SEP 11 1934

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

Do not use this space.

28751

1. PLACE OF DEATH

County Cole

Registration District No. 213

Township

Primary Registration District No. 3014

City Jefferson City (No.)

File No.
Registered No. 255
St. Ward)

2. FULL NAME

John Miller # 43680

(a) Residence, No. Mo. State Prison St. Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT Prison guards (ADDRESS) Mo. State Prison

18. BURIAL, CREMATION, OR REMOVAL PLACE Wagonville, Mo. DATE 8/28/1934

19. UNDERTAKER Thorpe Gorden (ADDRESS) Jefferson City, Missouri

20. FILED 8/28/34 1934 Dr. B. J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1934 to August 25, 1934

I last saw him alive on August 25, 1934. Death is said to have occurred on the date stated above, at 4:20 P. M.

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

Coronary Obstruction

9413

Other contributory causes of importance: _____

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 _____

(Signed) H. H. Raub, M. D.
(Address) Jefferson City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

28
2
31
31

