

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

✓ Dr. J. W. Baker  
 Do not use this space.

OCT 15 1934

File No. **33158**  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 Township \_\_\_\_\_ Primary Registration District No. 2002  
 City Joplin (No. At Joplin Hospital)  
 2. FULL NAME Irvin L. Miller  
 (a) Residence, No. Spring Valley, Joplin, Cherokee Co., Kansas, Baxter Springs, Mo. R.R. 2  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 5 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>Mrs. Nellie Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 21, 1894</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>10</u>
		19 <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Logging &amp; Lumber raising</u>		
10. Date deceased last worked at this occupation (month and year) <u>6 days</u>		11. Total time (years) spent in this occupation <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Spring Valley, Joplin, Kansas</u>		
FATHER	13. NAME <u>David W. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Miss Maurine Chubb</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
17. INFORMANT (ADDRESS) <u>Nellie Miller, Joplin, R.R. 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baxter Springs</u> DATE <u>9/14</u>		
19. UNDERTAKER (ADDRESS) <u>Napoy's, Baxter Springs, Mo.</u>		
20. FILED <u>9-4</u> 19 <u>34</u> <u>Ed J. Joplin</u> Registrar.		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1934, to Sept 2, 1934  
 I last saw him alive on Sept 2, 1934. Death is said to have occurred on the date stated above, at 5:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Heart block 12th 11 10 9 8 7 6 5 4 3 2 1  
 Date of onset Aug 28-31

Other contributory causes of importance:  
Partial heart block past 3 months ✓  
Intestinal obstruction Aug 28-31

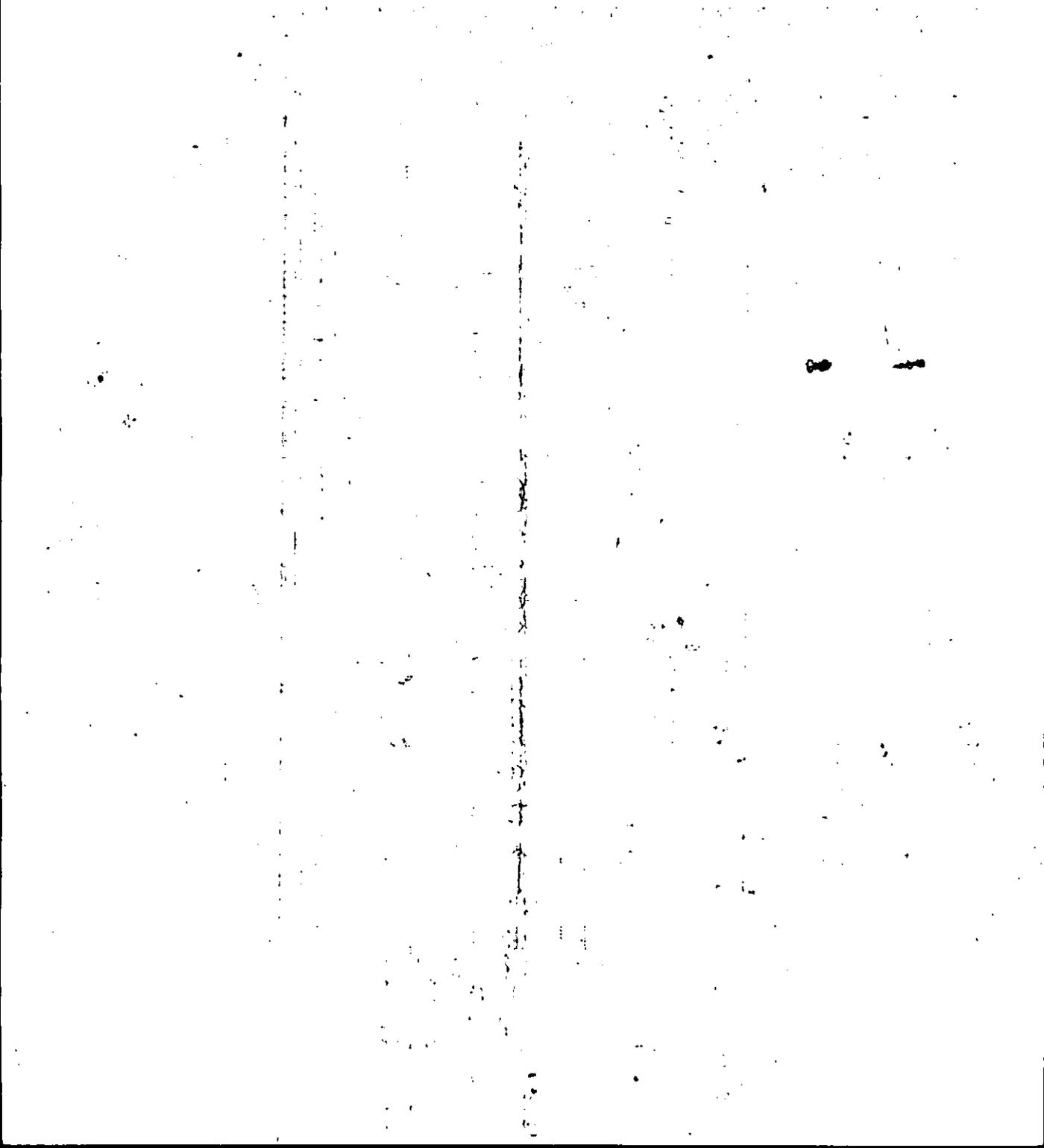
Name of operation Esophageal-fred adhesion Date of Aug 28-31  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No  
 If so, specify \_\_\_\_\_ (Signed) Belle Jar, M. D.  
 (Address) 525 First Bldg, Joplin, 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.





S-33158