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.

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

NOV 14 1934

Do not use this space.

35585

1. PLACE OF DEATH

County Cooper — Registration District No. 218 — File No. 143

Township — Primary Registration District No. 3015 — Registered No.

City Boonville (No. , St. Ward)

2. FULL NAME Hubert Densel Miller

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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~~ Sabra Risner Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1891

7. AGE: YEARS 43 — MONTHS 2 — DAYS 4. — If LESS than 1 day, hrs. or min.

OCCUPATION

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) Linn Creek Mo.

FATHER

13. NAME James R. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co.

MOTHER

15. MAIDEN NAME Missouri Hickam
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monateau Co.

17. INFORMANT (ADDRESS) James Miller, Fayette Mo. R.R. 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell DATE 10/15/34, 19

19. UNDERTAKER (ADDRESS) C. S. Duncan, New Franklin Mo.

20. FILED Oct 14, 1934 Dr. R W Bizworth, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1934, to Oct 13, 1934

I last saw him alive on Oct 12, 1934. Death is said to have occurred on the date stated above, at 3:38 a.m.

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

	Date of onset
Burns	Oct 12-34
causing surgical shock	
Burns of Legs, arms, Face, neck & Body	
205B	
Other contributory causes of importance:	
205F	

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Name of operation — Date of

What test confirmed diagnosis? none — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident — Date of injury Oct 12, 1934

Where did injury occur? Howard Co - Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In his own lot at farm home

Manner of injury Fell off Tractor with gasoline & lantern

Nature of injury Burns of Legs, arms

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Filling Tractor with gas. Farmer

(Signed) G. F. Chamberlain, M. D.

(Address) New Franklin Mo.