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.

100M-11-24-33

DEC 18 1934

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

Do not use this space.

39493

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1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kansas — Primary Registration District No. 1002 — Registered No.

City K. C. Mo (No. 1208, Indiana Ave St. Ward)

2. FULL NAME Henry E. Miller

(a) Residence, No. 1208 Indiana 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 Sadie F. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch-27-1872

7. AGE: YEARS 62 — MONTHS 7 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Ohio

FATHER

13. NAME Miller

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

MOTHER

15. MAIDEN NAME No Record

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

17. INFORMANT (ADDRESS) Sadie F. Miller 1208 - Indiana, ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE Nov. 17-34

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster 918 Brooklyn, ave,

20. FILED 11-17, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-15-1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:05 PM

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

Primary Sclerosis — Date of onset

Chronic fibrous myocarditis

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) ..., M. D.

(Address)