

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.

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

Do not use this space.

JAN 22 1935

1. PLACE OF DEATH

County Saline Registration District No. 796
Township..... Primary Registration District No. 3038
City Marshall (No. 501 E. Eastwood St. Ward)

File No. 45438
Registered No. 175

2. FULL NAME Joseph Polig Miller

(a) Residence, No. 501 E. Eastwood 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah M. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26 - 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 9 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Marion Co. Mo
(STATE OR COUNTRY)

FATHER
13. NAME David Miller
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Fannie Polig
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT J. M. Squires
(ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bridge Park DATE Dec 22 1934

19. UNDERTAKER J. D. Campbell
(ADDRESS) Marshall Mo

20. FILED Dec 24 1934 Reuben Weston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1934
22. I HEREBY CERTIFY That I attended deceased from Sept 1 1934 to Dec 21 1934
I last saw him alive on Dec 21 1934. Death is said to have occurred on the date stated above, at 12:05 m.
The principal cause of death and related causes of importance were as follows:

Ch. M. paratuberc 2 yrs.
1113 9310
Other contributory causes of importance: Suppurative pneumonia 6 days

Name of operation g Date of no
What test confirmed diagnosis? clinical Was there an autopsy? no

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) J. M. Squires M. D.
(Address) Marshall Mo

