

FEB 18 1935

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

Do not use this space.

11

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. _____
Township Adair Primary Registration District No. 3001 Registered No. 7
City Hicksville (No. _____) St. _____ Ward _____

2. FULL NAME

Raphael Mark Miller
(a) Residence, No. 596 So. High St. 4th 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 <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>Jessie Maud</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-1-1875</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>—</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Promoter & Trader</u>		
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) <u>Greenville, Mo.</u>		
13. NAME <u>James T. Miller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson Co. Ind.</u>		
15. MAIDEN NAME <u>Charlotte Collins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT <u>Mrs. R. M. Miller</u> (ADDRESS) <u>Hicksville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Hill</u> DATE <u>1-21-35</u> 19 <u>35</u>		
19. UNDERTAKER <u>Summers & Son</u> (ADDRESS) <u>Hicksville, Mo.</u>		
20. FILED <u>Jan 20, 1935</u> <u>Spencer Neeman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19/35 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1934 to Jan 19, 1935
I last saw him alive on Jan 19, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of prostate
general metastasis
Other contributory causes of importance:
Spontaneous fracture of left hip

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Earl Langheim J, M. D.
(Address) Hicksville, Mo.

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

100M-11-24-33

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.

