

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

Do not use this space.

1695

1. PLACE OF DEATH

County Jasper Registration District No. 394 File No. _____
 Township _____ Primary Registration District No. 4550 Registered No. 2
 City Burcell (No. _____) St. _____ Ward _____

2. FULL NAME Isaac Miller

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 29

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) Elgin Co. Illinois

13. NAME Anthony Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Barbara Stambach

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT Filey Miller (ADDRESS) Burcell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wauson Cem. DATE Jan. 5, 1935

19. UNDERTAKER Frank M. ... (ADDRESS) ...

20. FILED Jan. 10, 1935 Thelma Hogan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934 to Jan. 2, 1935

I last saw him alive on Jan. 2, 1935 Death is said to have occurred on the date stated above, at _____ m.

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

Chronic myocarditis Date of onset _____

Other contributory causes of importance: 930

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? no 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) W. H. Kearly, M. D.

(Address) Alba 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.

Concluded

JAN 17 1935

