

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

Do not use this space.

8689

APR 7 1935

**1. PLACE OF DEATH**

County Franklin Registration District No. 293 File No. \_\_\_\_\_  
 Township Boles Primary Registration District No. 5411 Registered No. \_\_\_\_\_  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME William Conrad Miller**

(a) Residence, No. Labadie Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 27 yrs. 0 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 Florence, Moir. Miller  
WIFE OR

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
60 2 25

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

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) Gasconade County Mo

13. NAME J. C. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gasconade Co Mo

15. MAIDEN NAME Ottilia Naegelin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Herman Missouri

17. INFORMANT Beverly Miller  
 (ADDRESS) Labadie Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Labadie Mo DATE 3-15 1935  
Bethel Cemetery

19. UNDERTAKER Otto & Co  
 (ADDRESS) Washington Mo

20. FILED 3-15 1935 GE Gross Dep. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to March 12, 1935

I last saw him alive on 3/12, 1935. Death is said to have occurred on the date stated above, at 10:45 P.M.

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

Cardio-vascular-renal disease Date of onset Nov 1934

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

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? Y  
 If so, specify \_\_\_\_\_

(Signed) J. R. Marshall, M. D.  
 (Address) Union, 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.

