

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.

10139

APR 24 1935

1. PLACE OF DEATH

County Jefferson Registration District No. 689 File No. _____
 Township Smithton Primary Registration District No. 5892 Registered No. 8
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Millard F. Miller
 (a) Residence, No. Adelia Route 2 St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Ida F. Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1853
 7. AGE YEARS 82 MONTHS 1 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) Mc Comb Ill

13. NAME Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT F. A. Miller (ADDRESS) Adelia Route 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 3-25 1935

19. UNDERTAKER McLaughlin (ADDRESS) _____

20. FILED 3-26 1935 Mrs. L. Monsees Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1935
 I HEREBY CERTIFY That I attended deceased from March 14 1935 to March 23 1935
 I last saw him alive on March 23 1935 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:
Cardio-vascular-renal syndrome with cerebral thromboses with right side hemiplegia
 immediate cause 5 days
 Other contributory causes of importance:
Arteriosclerosis
hypertension
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 None 1935
 Where did injury occur? No injury
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. No injury
 Manner of injury No injury
 Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) 11. VW & St. Adelia, Mo.

