

MAY 23 1935

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

Do not use this space.

12317

1. PLACE OF DEATH

County Leola Registration District No. 213
Township _____ Primary Registration District No. 3014
City Jefferson (No. St. Mary's) _____ St. _____ Ward _____

File No. _____

Registered No. 130

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Blaird Mo
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18-1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 9 2

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. Schools
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co Mo

13. NAME Marcellus Miller

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

15. MAIDEN NAME Sophia Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Marcellus Miller
(ADDRESS) Blaird Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE College Hill DATE Apr 21 35

19. UNDERTAKER D. G. Licklider
(ADDRESS) Belle Mo

20. FILED 4/20 1935 W. B. Beard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 35

22. I HEREBY CERTIFY, That I attended deceased from Dec 1931, to 4/20 1935

I last saw him alive on 4/19 1935 Death is said to have occurred on the date stated above, at 1530 m.

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

Uremia from renal failure
of urine - due to
auto injury

Other contributory causes of importance: 210 Max

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? accident Date of injury Dec 1931

Where did injury occur? Osage Co Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public highway
run over by truck

Nature of injury injury to bladder causing stricture

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. B. Beard M. D.

(Address) Jeff City 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.

