

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

Do not use this space.

13569

MAY 31 1935

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No. 2915)

Registration District No. 547
Primary Registration District No. 3079

File No. _____
Registered No. 119
St. _____ Ward _____

2. FULL NAME

Philip Miller
(a) Residence, No. 2915 McKinley St. _____ Ward _____
(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. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3-1957

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
77 7 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry goods
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) Madison Indiana

13. NAME John Miller

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

15. MAIDEN NAME No data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Walter Alexander 108 N 14th Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Indiana DATE April 23, 1935

19. UNDERTAKER (ADDRESS) Wm M Smith 902 Brady, Hannibal, Mo

20. FILED Apr 22 1935 R. H. Schuster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Apr 19 1935.

I last saw him alive on Apr 19 1935. Death is said to have occurred on the date stated above, at 6:00 p.m.

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

apoplexy
arteriosclerosis
Date of onset Apr 17 1935

Other contributory causes of importance: _____

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Y

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? _____

If so, specify _____ (Signed) A. L. Shanks, M. D.

(Address) Hannibal, 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.

Shank

