

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

Do not use this space.

**JUN 3 1935**

14007

1. PLACE OF DEATH  
 County Randolph Registration District No. 735  
 Township ..... Primary Registration District No. 3034  
 City Moberly, (No. ....) St. .... Ward)

2. FULL NAME Donald Ray Miller.  
 (a) Residence, No. 1120 Quinn St. 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.

File No. ....  
 Registered No. 83

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 hrs. or 3 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) ✓ H. Total time (years) spent in this occupation ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935, to April 22 1935.  
 I last saw h. in alive on April 22 1935. Death is said to have occurred on the date stated above, at 10 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Defective heart action from birth  
Lived 3 hrs.  
 Date of onset

Other contributory causes of importance: 157C

12. BIRTHPLACE (CITY OR TOWN) Moberly  
 (STATE OR COUNTRY) MO.

FATHER  
 13. NAME Emmette Miller.  
 14. BIRTHPLACE (CITY OR TOWN) Tronton,  
 (STATE OR COUNTRY) MO.

MOTHER  
 15. MAIDEN NAME Helen Sapp.  
 16. BIRTHPLACE (CITY OR TOWN) Columbia,  
 (STATE OR COUNTRY) MO.

17. INFORMANT Rev Ola Miller.  
 (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Oakland, Mo. DATE 4-22-35

19. UNDERTAKER Snow Funeral Home.  
 (ADDRESS) Moberly, Mo.

20. FILED 7/22 1935 Virginia Walker  
 Registrar.

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) H. C. Guffee, M. D.  
 (Address) Moberly, Mo.

Give exact statement of OCCUPATION is very important.

