JUN 12 1935

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

Do not use this space.

18193

File No.

Registered No. 4539

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. 6150 Oakland Deaconess Hosp. Ward)

2. FULL NAME Langley C. Miller.

(a) Residence, No. 518 Johnson St. St., N. R. Ward. Carlinville, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 16 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) Feb. 27, 1869.

7. AGE: YEARS 66 MONTHS 2 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. For Self.

10. Date deceased last worked at this occupation (month and year) Nov. 1933

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville. Illinois

FATHER

13. NAME John C. Miller.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Tennessee

MOTHER

15. MAIDEN NAME Nancy McDaniel.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlinville. Illinois

17. INFORMANT Helen R. Stewart
(ADDRESS) 340 Johnson St. Carlinville Ill.

18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Carlinville, Ill. DATE May 22, 1935

19. UNDERTAKER Robert H. Streeper.
(ADDRESS) 2521 Edwards St. Alton, Ill.

20. FILED MAY 21 1935, 19 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-4-35, 19..., to 5-20-35, 19...

I last saw him alive on May 19, 1935. Death is said to have occurred on the date stated above, at 5:45 A. m.

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

	Date of onset
Lobar Pneumonia	5-15-35
108	

Other contributory causes of importance:

Pan-Sinusitis	1 yr?

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy. Was there an autopsy? yes

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? no

If so, specify .....

(Signed) Karl V. McKinney, M. D.

(Address) 6150 Oakland Ave. Deaconess Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Dr. Karl V. McKinstry
Deaconess Hosp