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.

19185

JUL 18 1935

19

1. PLACE OF DEATH
County: Cass
Township:
City: Raymore (No. ..... St. ..... Ward)

Registration District No. 158
Primary Registration District No. 4093

File No.
Registered No.

2. FULL NAME Thos. E. Miller

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 17-1848

7. AGE: Years 86 | Months 5 | 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.: School teacher-retired
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): Illinois

FATHER
13. NAME: Henry Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Louisa Bond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT: Miss Adelle Miller
(ADDRESS) Raymore Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Raymore Cemetery DATE: 6/10 1935

19. UNDERTAKER: Rammburger's
(ADDRESS) Harrisonville Mo

20. FILED: June 10 1935 W F Chaffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2 1935, to June 9th 1935
I last saw him alive on: June 2nd 1935. Death is said to have occurred on the date stated above, at 1:00 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia	June 1 35

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy? No

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) R. M. Walker M.D.
(Address) Belton Mo