SEP 19 1935

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

Do not use this space.

25580

File No.

Registered No. 174

1. PLACE OF DEATH

County Boone

Township Columbia

City Columbia (No. , St. Ward)

Registration District No. 73

Primary Registration District No. 3006

2. FULL NAME Guthrie McNabb Miller

(a) Residence, No. 1102 Rollins 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.

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: Eleanor Brown Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-4-1889

7. AGE: Years 45 | Months 8 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Nevada

FATHER

13. NAME: Walter McNabb Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Helen Guthrie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs. Walter McNabb Miller, Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Cemetery DATE Aug. 30, 1935

19. UNDERTAKER (ADDRESS): Pasley Funeral Co. Columbia, Mo.

20. FILED 8/29/1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1-, 1935 to Aug 29, 1935

I last saw ~~him~~ alive on Aug 27, 1935. Death is said to have occurred on the date stated above, at 7.9 m.

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

	Date of onset
Pulmonary tuberculosis	1928

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray 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? No

If so, specify

(Signed) [illegible], M. D.

(Address) Columbia

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.