DEC 16 1935

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

Do not use this space.

35304

1. PLACE OF DEATH
County Butler
Township Coon Island
City —
Registration District No. 88
Primary Registration District No. 6268
File No.
Registered No. 35
(No. , St. Ward)

2. FULL NAME Elmer Eugene 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 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21 1933
7. AGE YEARS 2 MONTHS 7 DAYS 22 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
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) Butler co mo

FATHER
13. NAME Huber Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard co mo.

MOTHER
15. MAIDEN NAME Gertie Kent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) arkansas

17. INFORMANT (ADDRESS) Herbert Miller Milywille mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Coon Island Cem DATE Nov 14 1935
19. UNDERTAKER (ADDRESS) non officiated
20. FILED 12-9- 1935 R. L. Turner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1935, to Nov 13, 1935
I last saw him alive on Nov 11, 1935. Death is said to have occurred on the date stated above, at 7 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo colitis	Nov 2 1935

Other contributory causes of importance: about 2 yr old.

Name of operation none Date of —
What test confirmed diagnosis? clinical 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) H Emberts, M. D.
(Address) Naylor Mo.

1206

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

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.