

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.

FEB 24 1936

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

Do not use this space.

2684

1. PLACE OF DEATH
 County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. St. Joe Hospital) St. _____ Ward _____

2. FULL NAME James H. Miller
 (a) Residence, No. 819 Jefferson St St. 2 Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

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 Ruby Escheling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1898

7. AGE YEARS 37 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Genl. Keeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Genl. Mfg.
 10. Date deceased last worked at this occupation (month and year) Jan. 2, 1936 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray, Mo

FATHER
 13. NAME William Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray, Mo

MOTHER
 15. MAIDEN NAME Sally Ann Frink
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gray, Mo

17. INFORMANT (ADDRESS) Mason Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Lutheran Cemetery DATE Feb 1, 1936

19. UNDERTAKER Hochmann-Bauer (ADDRESS)

20. FILED 7/1 1936 Clarence S. Wheeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan. 24, 1936 to Jan 28, 1936
 I last saw him alive on Jan 28, 1936 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 1/22/36

Other contributory causes of importance: None

Name of operation _____ 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? No
 If so, specify _____
 (Signed) J. M. Justice M. D.
 (Address) St. Charles, Mo.

