MAR 16 1936

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

Do not use this space.

4484

1. PLACE OF DEATH

County Barry — Registration District No. 992 — File No.

Township Ozark — Primary Registration District No. 5047 — Registered No.

City Verona (No. R.F.D. # 2 St. Ward)

2. FULL NAME Richard Anthony Miller

(a) Residence, No. Verona Mo R.F.D. # 2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	0	28	

OCCUPATION

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

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) Barry County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Richard Miller

14. BIRTHPLACE (CITY OR TOWN) Barry County (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Dorthy Gripke

16. BIRTHPLACE (CITY OR TOWN) Lawrence County (STATE OR COUNTRY) Missouri

17. INFORMANT Richard Miller (ADDRESS) Verona Mo R.F.D. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Aurora Mo. DATE Feb. 16 1936

19. UNDERTAKER King Funeral Home (ADDRESS) Aurora Mo

20. FILED Feb. 18 1936 J. W. Forbes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to Feb 14, 1936.

I last saw him alive on Feb 14, 1936. Death is said to have occurred on the date stated above, at 11.00 A.M.

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

	Date of onset
Bronchial pneumonia	Feb 8

Other contributory causes of importance:

Flu

Name of operation — 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) [illegible], M. D.

(Address) 121 West Pleasant Aurora Mo

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.

100M-2-28-35