

MAR 16 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph, Mo. (No. 1311 S., 16 th.)

Registration District No. 85
Primary Registration District No. 100

File No. 4629
Registered No. 173
St. _____ Ward _____

2. FULL NAME

Robert Dale Miller
1311 So. 16th St.

(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. 1 mos. 24 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 3, 1935</u>		
7. AGE	YEARS --	MONTHS 1
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) St. Joseph, Mo.
(STATE OR COUNTRY) Buchanan Co., Mo.

FATHER 13. NAME Ralph Miller

14. BIRTHPLACE (CITY OR TOWN) Easton, Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Helen Chivens

16. BIRTHPLACE (CITY OR TOWN) Cameron, Mo.
(STATE OR COUNTRY)

17. INFORMANT Ralph Miller
(ADDRESS) 1311 S. 16th.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blakeley Cem. DATE Feb. 9th., 1936

19. UNDERTAKER Fleeman & Son, Inc.
(ADDRESS) 1940 Calhoun.

20. FILED 2-10-36 John A. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1936, to Feb. 7, 1936

I last saw him alive on Feb. 7, 1936 Death is said

to have occurred on the date stated above, at 5:15 A.M.

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

Prematurity

Other contributory causes of importance:

Enlarged thyroids

Date of onset 1935

1935

Name of operation None Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Carney Worthley, Jr., M. D.

(Address) 731 Fern St., St. Joseph, Mo.

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.

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