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.

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

Do not use this space.

5922

MAR 21 1936

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 731
City Kansas City (No. 3256, Holmes St St. Ward)

2. FULL NAME Jack Miller
(a) Residence, No. 3256 Holmes 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) Nov. 29 - 1913
7. AGE: YEARS 22 — MONTHS 2 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furrier
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) Kansas City, Mo

FATHER
13. NAME T. L. Leist
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Amanda Ohio

MOTHER
15. MAIDEN NAME Viola Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. C. Kansas

17. INFORMANT Mrs. L. M. Green
(ADDRESS) 3256 Holmes
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE Feb 11 - 1936
19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 N. Linwood
20. FILED 2/11 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1936 to Feb. 9, 1936
I last saw him alive on Feb. 9 1936 Death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bilateral —	Feb. 7
//	
Other contributory causes of importance:	
Influenza —	Feb 1

Name of operation none 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) F. C. La Mar, M. D.
(Address) Kansas City Mo
624 Prof. Bldg

Dr. La Mar

Room 624