

MAY 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County GreeneRegistration District No. 318File No. 14780Township SpringfieldPrimary Registration District No. 2901Registered No. 306City SpringfieldSt. Osteopathic Hospital Ward2. FULL NAME Jesse Eugene Miller(a) Residence, No. Manassas Mo St. Manassas Mo 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) June 14 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

3 9 17

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

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) Manassas Missouri13. NAME Marvin R Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas Mo15. MAIDEN NAME Cora A. Toole16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas Mo17. INFORMANT Marvin R Miller (ADDRESS) Manassas Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Manassas DATE 4-2-3619. UNDERTAKER F. A. Stiff (ADDRESS) Manassas Mo20. FILED 4-1-36 Ralph W. Kargula Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1 193622. I HEREBY CERTIFY, That I attended deceased from Mar. 25 1936 to April 1 1936I last saw him alive on April 1 1936. Death is said to have occurred on the day stated above, at 1 a.m.

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

Appendicitis
12-1-36

Other contributory causes of importance:

Pneumonia Broncho

Name of operation appendectomy of Mar. 25, 1936What test confirmed diagnosis? C Was there an autopsy? C

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? C Date of injury C, 19CWhere did injury occur? C

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury CNature of injury C

24. Was disease or injury in any way related to occupation of deceased?

If so, specify C(Signed) William R. Stoppel(Address) 570 E. Walnut Springfield 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.

