

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau  
Township Cape Girardeau  
City Cape Girardeau (No. ...., ..... St. .... Ward)

Registration District No. 121  
Primary Registration District No. 3009

File No. 18799  
Registered No. 173

2. FULL NAME

Andy Miller

(a) Residence, No. .... St. .... 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18, 1865

7. AGE YEARS 70 MONTHS 11 DAYS 7 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand  
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) Jefferson County Mo.

13. NAME John Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Sidney Miller

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

17. INFORMANT (ADDRESS) Frank Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE 5/26/36

19. UNDERTAKER (ADDRESS) Portageville R.M. Payne

20. FILED 5-24-36 J.M. Thompson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/24, 1936 to 5/25, 1936

I last saw him alive on 5/25, 1936. Death is said to have occurred on the date stated above, at.....m.

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

FR. H. FRANK  
FR. R. TIGER & FRANK  
Other contributory causes of importance:  
Shock

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (poison), fill in also on following: Accident, suicide, or homicide?..... Date of injury.....  
Where did injury occur? Portageville Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury PSCHIE P/200  
Nature of injury STRUCK BY CAR

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) Frank Miller, M. D.

(Address) Cape Girardeau

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.

