

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

Do not use this space.

25976

**1. PLACE OF DEATH**

County Chester  
Township Platte  
City La (No. ....)

Registration District No. 210  
Primary Registration District No. 5290

File No. 5  
Registered No. 8  
St. .... Ward)

**2. FULL NAME** Ray Walter Miller

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 12 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or	hrs. min.
	<u>43</u>	<u>2</u>	<u>18</u>		

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

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) Wiley, Mo.

MOTHER 13. NAME Jasper Miller

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

15. MAIDEN NAME Lucinda Hamistron

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

17. INFORMANT (ADDRESS) Mrs. Dolly C. Miller, Platte, Mo. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs, Mo. DATE 7-16 1936

19. UNDERTAKER (ADDRESS) John F. Brown, Platte, Mo.

20. FILED July 10, 1936 John Ray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from birth an antepartum, assisted by Dr. Spalding and Paul Nelson, last seen alive on July 13, 1936. Death is said to have occurred on the date stated above, at Platte, Mo.

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

Ruptured aneurism of aorta Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify .....  
(Signed) J. C. Stearns Corcoran, M. D.  
(Address) Platte, Mo.

JUN 26 1945