

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

Do not use this space.

229660

1. PLACE OF DEATH

County Kenosha Registration District No. 878
 Township Dunwood Primary Registration District No. 6156B
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Chas. E. Miller

(a) Residence, No. Sheldon R. Det 1 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3-1858
 7. AGE YEARS 78 MONTHS 3 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1936
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1935 to July 16 1936
 I last saw him alive on Feb. 17 1936. Death is said to have occurred on the date stated above, at 36 m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Death
 Date of onset _____
 Other contributory causes of importance: Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 13. NAME Scott Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Elizabeth Freeman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina
 17. INFORMANT John Miller (ADDRESS) Sheldon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sheldon DATE July 17 1936
 19. UNDERTAKER J. B. Barnes & Sons (ADDRESS) Sheldon Mo
 20. FILED Aug 3 1936 Kate Neelute Registrar.

Name of operation Myocardial Date of _____
 What test confirmed diagnosis? Microscopic 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) Arthur J. Allham M. D.
 (Address) Sheldon Mo

N. B.—Every item of information should be carefully supplied. A check should be made at the time of death to see that the information is correct. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

