

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

Do not use this space.

30705

1. PLACE OF DEATH

County McDonough Registration District No. 362
Township Green Primary Registration District No. 5507
City Rolling (No. _____) St. _____ Ward _____

2. FULL NAME

George Perry Miller
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary L. Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1854
7. AGE YEARS 82 MONTHS 1 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
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) Kentucky

FATHER 13. NAME John Wm Miller

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

MOTHER 15. MAIDEN NAME Myra Rathbone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Wm A Miller
(ADDRESS) Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cemetery DATE 8-23-1936

19. UNDERTAKER Lucky Funeral Home
(ADDRESS) Wheatland Mo

20. FILED 9-5-1936 John P. Dennis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1936 to Aug 22 1936

I last saw him alive on Aug 17, 1936 Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 7/1/35

59

Other contributory causes of importance: chronic phthisis 280

Name of operation Amid. Op. of 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? _____

If so, specify _____ (Signed) _____ M. D.

(Address) Yuba, 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.

Dr. Glaca

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1856