SEP 24 1936

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

Do not use this space.

31332

1. PLACE OF DEATH
County Jasper — Registration District No. 410 — File No.
Township Preston — Primary Registration District No. 5566 — Registered No. 17
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jake C. Miller
(a) Residence, No. ..... Lamar, MO St. ..... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 5 - 1905

7. AGE: YEARS 30 — MONTHS 10 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Chauffeur
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): Aug 10th 1936
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade County Missouri

FATHER
13. NAME: W. H. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Hattie Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lawrence County Missouri

17. INFORMANT (ADDRESS): Hoyt Miller Lamar, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moorehead Cem DATE: Aug 13, 1936

19. UNDERTAKER (ADDRESS): Konant Funeral Home Lamar, Mo.

20. FILED: Aug 12, 1936 F. E. Hook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1936 to Aug 10, 1936
I last saw him alive on Aug 10, 1936. Death is said to have occurred on the date stated above at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage due to Conjunct Sepsis Fractured Right Frontal Bone

Date of onset

Other contributory causes of importance:

Broken neck

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug 10, 1936
Where did injury occur? Jimmy H. West Jasper MO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public highway
Manner of injury Not by automobile
Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. G. Hogan, M. D.
(Address) Everett

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.