

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

Do not use this space.

36482

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City Stoddard (No. _____) St. _____ Ward _____

File No. _____
Registered No. 268

2. FULL NAME

Franklin Speed Miller
(a) Residence, No. State Hosp. in 3, reader no Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1879</u>				
7. AGE	YEARS <u>57</u>	MONTHS <u>7</u>	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>attendant</u>			
	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) <u>Arrow Rock Mo</u>				
FATHER	13. NAME <u>Henry C. Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>George Town Mo</u>			
MOTHER	15. MAIDEN NAME <u>Izula Huston</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arrow Rock Mo</u>			
17. INFORMANT (ADDRESS) <u>Mrs Morrow Warrensburg</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Warrensburg</u> DATE <u>Sept. 19 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Hays Swasty</u>				
20. FILED <u>9/19 1936</u> <u>M. Cichinger</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1936

22. I HEREBY CERTIFY, That I attended deceased from, 8-12 1936, to Sept 18 1936
I last saw him alive on Sept 18 1936 Death is said to have occurred on the date stated above, at 10:27 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Lung (left) (primary) Date of onset ?
Other contributory causes of importance:
Chronic myocardial insufficiency

Name of operation none Date of _____
What test confirmed diagnosis? lab. Was there an autopsy? yes

23. If death was due to external causes (violence), all in all, the following: Accident, suicide, or homicide? no Date of injury _____
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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Doc W. Fearns M. D.
(Address) State Hosp No 3, reader no

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

