DEC 3 1936

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

Do not use this space.

38333

1. PLACE OF DEATH

County Macon — Registration District No. 1072 — File No.

Township Ten Mile — Primary Registration District No. 5716 — Registered No. 107

City ~~Clarence~~ Mo (No. ..... St. ..... Ward)

2. FULL NAME James D. Miller

(a) Residence, No. ~~Clarence~~ 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: ~~Husband~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 27 - 1859

7. AGE: YEARS 77 — MONTHS 5 — 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.: 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): Liberty Ill. Adams

FATHER

13. NAME: Benjamin Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont Know

MOTHER

15. MAIDEN NAME: Nancy Jane Robb
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont Know

17. INFORMANT (ADDRESS): Clarence, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mont Zion DATE Oct 3 1936

19. UNDERTAKER (ADDRESS): Millen & Brikelew. G. E. Brown Mgr

20. FILED 10/9 1936 Leota Newton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1933, to Sept 21 1936
I last saw him alive on Sept 21 1936 Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio sclerosis	1935 ±
Diabetes Mellitus	1930 ±
Other contributory causes of importance: Arterio-sclerosis	1926 ±

Name of operation: none Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

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) T. F. Turner, M. D.
(Address) Macon, Mo.

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

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.