

JAN 29 1937

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

Do not use this space.

44245

1. PLACE OF DEATH

County Daviess
Township
City Gallatin (No. _____ St. _____ Ward)

Registration District No. 250
Primary Registration District No. 4150

File No. _____
Registered No. _____

2. FULL NAME Archibald Wade Miller

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Jennie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 15, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 8 0

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. Agriculture
10. Date deceased last worked at this occupation (month and year) Mar. 1918 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Daviess Co., Missouri
(STATE OR COUNTRY)

FATHER 13. NAME William T. Miller

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

MOTHER 15. MAIDEN NAME Charity W. Nance

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

17. INFORMANT Mrs. Jennie Miller
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Civil Bend, Cem. DATE Dec. 17, 1936

19. UNDERTAKER Hope Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 17-16-36 P. O. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1936

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

I last saw him alive on Dec. 13, 1936 Death is said to have occurred on the date stated above, at 9:45 PM

The principal cause of death and related causes of importance were as follows:

Senile Dementia Date of onset 1935

Other contributory causes of importance:

myocarditis

Name of operation None Date of _____
What test confirmed diagnosis Clinical 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) Fred H. Wilson, M. D.

(Address) Winstone, Mo.

