MAY 7 1937

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

Do not use this space.

14588

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4084

City ..... (No. Barnard Skin & Cancer Hosp. St. ..... Ward)

2. FULL NAME Jefferson D. Miller

(a) Residence, No. Granite City Ill. Route #1 NR
(Usual place of abode) (If nonresident, give city or town and State)

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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Bateman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-4-1864

7. AGE YEARS 72 MONTHS 11 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. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

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) Montgomery Co., Ill.

FATHER

13. NAME Geo. W. Miller

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

MOTHER

15. MAIDEN NAME Mary Hinton

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

17. INFORMANT (ADDRESS) Floyd R. Miller 3027 Maiden Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Granite City Ill. DATE 4/19 1937

19. UNDERTAKER (ADDRESS) J. E. Frances Granite City Illinois

20. FILED APR 19 1937 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1937, to 4-19, 1937

I last saw him alive on 4-18, 1937 Death is said to have occurred on the date stated above, at 3:35 A.m.

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

Carcinoma of rectum

Date of onset

Other contributory causes of importance: 46F

Name of operation Colostomy Date of 4-9-37

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? ..... 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) Pearson C. Kellogg, M. D.

(Address) 3427 Washington

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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