MAY 21 1937

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

1. Do not use this space.

16669

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411 — File No.:
Township: — Primary Registration District No.: 2002 — Registered No.:
City: Joplin (No.: St Johns Hospital, Ward)

2. FULL NAME: Dewayne Miller
(a) Residence, No.: St Johns Hospital St., Ward. Wichita Falls, Texas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred: yrs. mos. 11 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 9-1914

7. AGE: Years 23 — Months 3 — Days 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fire Miner
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): 4-10-37
11. Total time (years) spent in this occupation: Surface

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Durwood Okla

FATHER
13. NAME: Bob Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Inez Howard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Okla

17. INFORMANT: Mrs Inez Miller
(ADDRESS): Wichita Falls Texas

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Durwood DATE: 4-24-1937

19. UNDERTAKER: Ardmore Okla
(ADDRESS): Mouldin Undertaking Co.

20. FILED: 4-22-1937 E. D. James
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-22-1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 11 1937, to Apr 22, 1937
I last saw him alive on Apr 21 1937. Death is said to have occurred on the date stated above, at 3:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wounds - Head. Neck (Homicide)	4-11-
Other contributory causes of importance: Pneumonia	4-15-37

Name of operation: Surgical Shelter of Hope — Date of: 4-11-37
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? Homicide — Date of injury: 4-11, 1937
Where did injury occur? Wichita Falls (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. (Specify)
Manner of injury: Gun Shot wounds
Nature of injury: "

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed): H. Fuller, M. D.
(Address): Joplin Mo