

JUL 31 1937

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

Do not use this space.

109

25090

1. PLACE OF DEATH

County Texas
Township Pinery
City Houston (No. _____)

Registration District No. 863
Primary Registration District No. 6137

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Rager Miller

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amanda
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1862
7. AGE YEARS 74 MONTHS - DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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) 1 yr
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

13. NAME David Miller

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

15. MAIDEN NAME Martha

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

17. INFORMANT Bertie Manley

18. BURIAL, CREMATION, OR REMOVAL PLACE Spark DATE July 4 1937

19. UNDERTAKER G. V. Elliott (ADDRESS) Houston Mo

20. FILED 7-11 1937 J. H. B. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 3 1937

22. I HEREBY CERTIFY that I attended deceased from Jan 1 1937 to July 3 1937
I last saw him alive on June 1 1937 Death is said to have occurred on the date stated above, at 12-15 p.m.

The principal cause of death and related causes of importance were as follows:
Chronic Parurey Nephritis Date of onset _____

Other contributory causes of importance:
Chronic Myocarditis

Name of operation _____ Date of _____
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?
If so, specify _____ (Signed) J. H. B. [Signature], M. D.
(Address) Houston, Mo

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.

