OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jasper
Township Marion
City
Registration District No. 408
Primary Registration District No. 5562
(No. Route 1, Carthage St. Ward)
File No. 34482
Registered No.

2. FULL NAME James F. Miller
(a) Residence, No. Route 1, Carthage St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Elsie C. Spangler Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 12, 1859

7. AGE: YEARS 78 | MONTHS 8 | DAYS 8 | 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): Indiana

FATHER
13. NAME: John Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER
15. MAIDEN NAME: Susan Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mr. Joseph Miller, Route 1, Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Paradise Cemetery DATE: Sept. 22, 1937

19. UNDERTAKER (ADDRESS): Ulmer Funeral Home, Carthage, Missouri

20. FILED Sept 22, 1937 W. M. Howard M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-1-36, 19..., to 9-20-37, 19...
I last saw him alive on 9-20-37, 19... Death is said to have occurred on the date stated above, at 1:15pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerular Nephritis	9-7-37
59	

Other contributory causes of importance:

Diabetes Mellitus	—

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam-Lab 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) Walter M. Howard, M. D.
(Address) Carthage, 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.

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

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