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.

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

OCT 21 1937

Do not use this space.

1. PLACE OF DEATH
County Mercer 2 Registration District No. 556 File No. 34773
Township Ravanna 1 Primary Registration District No. 5751 Registered No. 57
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Danny Roe Miller
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: 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) Sept 2 - 1937
7. AGE: YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 95 hrs. or 15 min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Mo

FATHER
13. NAME Denver Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Martha Honn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Denver Miller Ravanna Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Topsy Cemetery DATE Sept 3 1937
19. UNDERTAKER (ADDRESS) Noel Moss Princeton Mo
20. FILED 9/3 1937 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2 1937
22. I HEREBY CERTIFY, That I attended deceased from September 2, 1937, to Sept. 2, 1937
I last saw him alive on Sept 2, 1937. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Foot presentation, difficult delivery. 160B	2 day
Cause of death:- Valvular heart disease	Labor

Other contributory causes of importance:
Suffocation during delivery 8:15 after birth

Name of operation Labor Conf. Date of 9/1/37
What test confirmed diagnosis? Physl 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? No
If so, specify .....
(Signed) Dr B. L. Axtell D.O. M.D.
9/3-37 (Address) Princeton, Mo.