

OCT 26 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jefferson Registration District No. 1123
Township Carondelet Primary Registration District No. 6248 B
City Vet. admn. facility No. Jefferson Bannocks St. _____ Ward) _____

File No. 35326

Registered No. 359

2. FULL NAME

(a) Residence, No. Henry F Miller St. _____ Ward. Red Bud Ill
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
41 6 24

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) Two years ago 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud Ill.

13. NAME Louis Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud Illinois

15. MAIDEN NAME May Froische

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bud Illinois

17. INFORMANT Mrs Elice M. Miller (ADDRESS) Red Bud Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Hill DATE Sept 9 1937

19. UNDERTAKER otto Koch (ADDRESS) Red Bud, Ill.

20. FILED Sept 5 1937 L. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937, to Sept 4 1937

I last saw him alive on Sept 4 1937. Death is said to have occurred on the date stated above, at 447th m.

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

Sarcoma left chest wall recurrent with metastasis to mediastinum (Date of onset _____)

Other contributory causes of importance: None

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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) W. C. W. [Signature] M. D.

(Address) Vet. admn. Facility Jefferson Bannocks mo

NOTE—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.

35326-90

