OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County Vernon
Township Osage
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 871
Primary Registration District No. 615-5-

File No. 35535
Registered No. 12

2. FULL NAME Ivan George Miller
(a) Residence, No. RFD # 3 Rich Hill Missouri St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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) student

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8th 1928

7. AGE Years 9 Months 0 Days 0 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME George Samual Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co. Mo.

MOTHER
15. MAIDEN NAME Alpha Naomi Floyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Missouri

17. INFORMANT (ADDRESS) George Miller Rich Hill Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Balltown DATE Sept. 10 1937

19. UNDERTAKER (ADDRESS) Booths Rich Hill Mo.

20. FILED Sep. 29 1937 C. W. Musser M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:
Accidentally Killed Struck by auto
210 M
Date of onset

Other contributory causes of importance:
Broken neck.

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? Accident Date of injury ....., 19.....
Where did injury occur? Highway #71
(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) M. E. Ferry, M. D.
(Address) Nevada 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.

NOV 23 1944