

JAN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township
City Minden Mines (No. , St. Ward)

Registration District No. 42
Primary Registration District No. 4076

File No. 44625
Registered No. 7

2. FULL NAME Albert Carson Miller

(a) Residence, No. , St. , Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9th, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-5-1878

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Dec 9, 1937.
I last saw him alive on Dec 9, 1937, at 9:30 P.M. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 9 4

Carcinoma of Stomach Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Marshfield (STATE OR COUNTRY) Missouri

Name of operation 46 Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME William Miller

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Mary Miller (ADDRESS) Minden Mines, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamar Mo DATE 12/12 1937

19. UNDERTAKER River Funeral Home (ADDRESS) Lamar, MO.

20. FILED 12/17 1937 Geo H. Gresham Registrar

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) Geo H. Gresham, M. D. (Address) Minden Mines

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHERS should state every item of information should be carefully supplied. AGE should be stated EXACTLY. FATHERS should state every item of information should be carefully supplied.

