

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Walnut Grove
City Walnut Grove (No.)

Registration District No. 325
Primary Registration District No. 5450

File No. 45452
Registered No. XX (Ward)

2. FULL NAME John Wesley Miller

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

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 Joie Daniel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1861

7. AGE YEARS 76 MONTHS 3 (DAYS) 12 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. living machine repairs

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) Vt.

FATHER 13. NAME John B. Miller

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

MOTHER 15. MAIDEN NAME Melinda Lake

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

17. INFORMANT (ADDRESS) Joie Miller

18. BURIAL, CREMATION, OR REMOVAL

PLACE Greenlawn DATE Dec-17-1937

19. UNDERTAKER (ADDRESS) Barin French Home

20. FILED 12-12-1937 Esther B. Miller Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec-8-1937, to Dec-8-1937

I last saw him alive on Dec-8-1937 Death is said to have occurred on the date stated above, at 2:45 p. m.

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

Apoplexy Date of onset

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Physical 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

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) J. H. Barber M. D. (Address) Walnut Grove mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

