

JAN 25 1938

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

Do not use this space.

46876

1. PLACE OF DEATH *East* 815 1
 County *Sandywood* Registration District No. *6.0.64*
 Township *Sandywood* Primary Registration District No. *6.0.64*
 City (No. _____ St. _____ Ward _____)

2. FULL NAME *Hiram Wm Miller*
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *m* 4. COLOR OR RACE *w* 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) *Apr 7 1901*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
36 8 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. *(Blind)*
 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) *Flat River Mo*

MOTHER FATHER
 13. NAME *Clarence A. Miller*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maguand Mo*
 15. MAIDEN NAME *Orak Young*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maguand Mo*

17. INFORMANT *Clara G Miller*
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Maguand Mo* DATE *12/21 1937*

19. UNDERTAKER *John G Humble Jr*
 (ADDRESS) *Blodgett Mo*

20. FILED *12/22 37* *H. H. H. Registrar.*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/20 1937*

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to *12/19*, 19*37*
 I last saw him alive on *12/19/1937*. Death is said to have occurred on the date stated above, at *6 a m*.
 The principal cause of death and related causes of importance were as follows:
 Date of onset _____
Apoplexy
(second stroke)
 Other contributory causes of importance:
Vascular Hypertension 1935

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? _____ 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) *J. H. Crace* M. D.
 (Address) _____

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

