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.

REC'D MAR 14 1938

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

Do not use this space.

File No. 5565
Registered No. 631

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Robert C. Miller 460
(a) Residence, No. 7510 Pennsylvania Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ Mrs. Ruth Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	30	7	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Standard Oil Co.
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) Missouri 0

FATHER
13. NAME Henry F. Miller 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 9

MOTHER
15. MAIDEN NAME Labitha Cramer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Mrs. Ruth Miller
(ADDRESS) 7510 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florence, Mo. DATE Feb. 8, 1938.

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Feb 7, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from January 10, 1938, to February 7, 1938. I last saw him alive on February 6, 1938. Death is said to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Hypertension	
Congenital absence	
right Kidney	

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical & Was there an autopsy? yes

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) O. T. Lowry, M. D.
(Address) 315 Alameda Road Kansas City, Mo.

Framing of