

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

Do not use this space.

REC'D MAR 14 1938

48  
58  
5639  
705

**1. PLACE OF DEATH**

County Jackson  
 Township Jackson  
 City Kansas City (No. 2C General Hosp)

Registration District No. 399  
 Primary Registration District No. 1002

File No. 5639  
 Registered No. 705  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Eugene Miller 460

(a) Residence, No. Missouri Hotel 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. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 22 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 5 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as Salesman sawyer, bookkeeper, etc.  
 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) Oklahoma

MOTHER 13. NAME Wm Miller

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

15. MAIDEN NAME Betty Harold

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

17. INFORMANT Reverend Clerk (ADDRESS) 2C Gen Hosp 705

18. BURIAL, CREMATION, OR REMOVAL PLACE Lead DATE 7/14/38

19. UNDERTAKER Lutz & Tabin Co (ADDRESS) Kansas City Mo

20. FILED 7/11 1938 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-21 1938 to 2-8 1938

I last saw him alive on 2-8 1938 Death is said to have occurred on the date stated above, at 11:45 PM

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

Bilateral chronic  
Caseous Tuberculosis

Other contributory causes of importance: 23

Right Emphysema

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?  
 If so, specify \_\_\_\_\_

(Signed) P. F. De Maria M. D.  
 (Address) 2C Gen Hosp 705

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

