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 15 1938

Clevault

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

Do not use this space.

1. PLACE OF DEATH

County: Cape — Registration District No. 1130 — File No. 6345

Township: [illegible] — Primary Registration District No. 5174a — Registered No.

City: Dutchtown Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME: Frank E. Miller 460

(a) Residence, No. Dutchtown Mo. ##### St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jennie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 29 1859

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
78	1	23	

OCCUPATION

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): 1925 Mar. — 11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Anna Illinois 2

FATHER

13. NAME: Thomas Miller 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record Germany 6

MOTHER

15. MAIDEN NAME: ###### Rachael Phelin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No reyord Scotland

17. INFORMANT (ADDRESS): Mr. Tony Miller Chaffee Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: U. P. Cem. Chaffee DATE: Feb. 23 38

19. UNDERTAKER (ADDRESS): Stubbs Funeral Home Chaffee Mo.

20. FILED: 2/22 1938 J. M. Slagle Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1938 to Feb 22, 1938

I last saw h. alive on Feb 21 1938. Death is said to have occurred on the date stated above, at 1 P.M.

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

	Date of onset
Cerebral hemorrhage	
High blood pressure	

Other contributory causes of importance:

8 2 4 1

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) W W Havault M. D.

(Address) Allenville Mo