

REC'D APR 22 1938

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

11590
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1133
(b) Township West Primary Registration District No. 5799A Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cleophas Miller 460

(a) Residence, No. Sikeston, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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, WAS HUSBAND OF Effie Miller
(OR) WIFE OF Effie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1914

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
23 9 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. helper
9. Industry or business in which work was done, as saw mill, bank, etc. truck
10. Date deceased last worked at this occupation (month and year) March 21, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Malden
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Gus A. Miller

14. BIRTHPLACE (CITY OR TOWN) Umphros County
(STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Pearl Parson

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

17. INFORMANT Mrs. Cleo Miller
(ADDRESS) Sikeston, Missouri

18. BURIAL, INTERMENT, OR CREMATION PLACE Campbell, Missouri DATE March 23, 1938

19. FUNERAL DIRECTOR H. J. Welsh
(ADDRESS) Sikeston, Missouri

20. FILED _____, 19 _____
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from MARCH 21, 1938, to MARCH 21, 1938

I last saw him alive on _____, 19..... Death is said

to have occurred on the date stated above, at 11: a.m.

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

Date of onset

NECK BROKEN by
AUTOMOBILE WRECK
(ACCIDENT)

Other contributory causes of importance:

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? Accident Date of injury MARCH 21, 1938

Where did injury occur? S.E. NEW MADRID Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile WRECK

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 4

If so, specify _____

(Signed) L. P. Hedgcock DEP. CORNER

(Address) New Madrid

210 m
22

CITY
STATE
COUNTY
NO.

STATEMENT BY LICENSED EMBALMER

I, H. J. Welsh, Licensed Embalmer No. 774

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harvey S. Johnson

L. E. 3704

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed H. J. Welsh

Licensed Embalmer No. 774

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

11590
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1133
(b) Township West Primary Registration District No. 2799A Registered No. 8
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cleophas Miller
(a) Residence, No. Sikeston mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Effe Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-13-1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>23</u>	<u>8</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Helper</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Truck</u>
	10. Date deceased last worked at this occupation (month and year).....	<u>mch 21-1938</u>
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden mo

FATHER 13. NAME Gus A Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zumphant mo

MOTHER 15. MAIDEN NAME Pearl Quinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mt town

17. INFORMANT (ADDRESS) Mrs Cleo Miller Sikeston mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell mo DATE mch 23 1938

19. FUNERAL DIRECTOR (ADDRESS) H. J. Welsh Sikeston mo

20. FILED May 11 1938 Jas S Koehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from mch 21 1938 to mch 21 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Neck broken by auto - mobile wreck - accidental

Other contributory causes of importance: non collision 2/10/38

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?..... If so, specify.....

(Signed) L. E. Hedgcock (Address) New Madrid mo

DEATH: - plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 STATE OF MISSOURI should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.
 SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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