

REC'D MAY 18 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

14508

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....Douglas..... Registration District No.....  
 (b) Township.....Benton..... Primary Registration District No.....  
 (c) City.....Ava, Mo...... (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 Jason Miller

(a) Residence, No. Ava, 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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Essie B. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 2 9

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

12. BIRTHPLACE (CITY OR TOWN) Webster county Mo. (STATE OR COUNTRY)13. NAME James V. Miller14. BIRTHPLACE (CITY OR TOWN) Ozark county, Mo. (STATE OR COUNTRY)15. MAIDEN NAME Caldonia Brixey16. BIRTHPLACE (CITY OR TOWN) Webster County, Mo. (STATE OR COUNTRY)17. INFORMANT Ed Miller (ADDRESS) Ava Mo. R#118. BURIAL, CREMATION, OR REMOVAL PLACE centery DATE 4-8-3819. FUNERAL DIRECTOR C.V. Clinkingbeard (ADDRESS) Ava, Missouri 24520. FILED 5-9 1938 Jerry Beske Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-38 193822. I HEREBY CERTIFY, That I attended deceased from 4-4-38 to 4-7-38, 1938

I last saw him alive on 4-7-38, 1938 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:

Intestinal Obstruction Date of onset  
122 B<sup>2</sup> F

Other contributory causes of importance:

Toxemia

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 J. J. Gentry, M. D.(Signed) J. J. Gentry (Address) Ava, Mo.

*Dr. J. B. Leary*

PRINTED  
(a) Name

PER  
SEX

(c)  
THIS

DATE

10. 10. 4

15. 11.

11

10

11

11

11

11

11

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to sign 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

145-06  
Do not use this space.

PLACE OF DEATH  
(a) County Douglas Registration District No. 272  
(b) Township ..... Primary Registration District No. 1163 Registered No. ....  
(c) City Ava (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

PRINT FULL NAME Jason Miller  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 2 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
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:  
Intestinal obstruction  
operation - abdominal  
Other contributory causes of importance:  
sores  
Date of onset

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) J. L. Gentry, M. D.  
(Address) Ava Mo

SUPPLEMENTAL

Local Registrar.

