REC'D JUL 12 1938

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

Do not use this space.

20923

File No.

Registered No. 2373

1. PLACE OF DEATH
County JACKSON Registration District No. 399
Township KAW Primary Registration District No. 1002
City KC MO (No. RESEARCH HOSP St. Ward)

2. FULL NAME HARRY MILLER 460
(a) Residence, No. 2189 LAMBERTON RD St., Ward. CLEVELAND OHIO
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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 (OR) WIFE OF Florence Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30, 1890

7. AGE: YEARS 47 MONTHS 8 DAYS 11 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coats
10. Date deceased last worked at this occupation (month and year) 6-9-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleveland Ohio 1

FATHER
13. NAME Marks Miller 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 1

MOTHER
15. MAIDEN NAME Esther Cohn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. City N.Y.

17. INFORMANT (ADDRESS) Chas. Miller Cleveland Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Cleveland Ohio DATE 6-11-1938

19. UNDERTAKER (ADDRESS) J.P. LOUIS FUNERAL HOME 3400 WOODLAND

20. FILED June 12, 1938 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-38, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw ..... Deputy Coroner ..... 19.... Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Pulmonary Edema
Oil Stomach
Hypertrophy Heart

Date of onset

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? ..... 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? 4
If so, specify .....
(Signed) Russell W Bess M. D.
(Address) [illegible]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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