

REC'D AUG 8 1938

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

Do not use this space.

24560

1. PLACE OF DEATH

County

Township

City

2. FULL NAME

(a) Residence No.

(Usual place of abode)

Length of residence in city or town where death occurred

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

Ward.

(If nonresident, give city or town and State)

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

Single

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

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

7-6-38 9:50 PM

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

Stillborn

OCCUPATION

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

None

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)

Research Hospital
Kansas City, Mo.

13. NAME

Raymond Henry Miller

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

Ossawatimie
Kansas

15. MAIDEN NAME

Hazel Marie Neuhart

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

Kansas City
Mo.

17. INFORMANT (ADDRESS)

Father

18. BURIAL, CREMATION, OR REMOVAL

PLACE Research Hosp. DATE 7-7-1938

19. UNDERTAKER (ADDRESS)

20. FILED

7-6-1938 M. M. Carow Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 6 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:

Born Dead

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?

If so, specify.....

(Signed)

(Address)

Different birth
M. D.
M. M. Carow Registrar

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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