DEC AUG 11 1938

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

Do not use this space.

File No. 24814

Registered No. 775

1. PLACE OF DEATH
County: Buchanan
Registration District No. 85
Township:
Primary Registration District No. 1001
City: St. Joseph (No. 1609 South 24th. St. Ward)

2. FULL NAME: Theodore Miller
(a) Residence, No. ... St., ... Ward. Blair, Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 2 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): November 9, 1875.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	8	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Switchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: C.B.& Q.Railroad
10. Date deceased last worked at this occupation (month and year): July 1936.
11. Total time (years) spent in this occupation: 42 Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St.Joseph Missouri.

FATHER
13. NAME: Joseph Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Mary O'Rourke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Mrs. Florence Miller Blair, Kansas.

18. BURIAL, CREMATION, OR REMOVAL: Memorial Park Cem
PLACE: St. Joseph, Mo. DATE: July 26, 1938

19. UNDERTAKER (ADDRESS): H.O.Sidenfaden and Son 1802 Union Str. St. Joseph, Mo.

20. FILED: 7/25 38 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1938.

22. I HEREBY CERTIFY, That I attended deceased from 7-5, 1938, to 7-23, 1938
I last saw him alive on 7-23, 1938. Death is said to have occurred on the date stated above, at 7:38P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Meningitis Spinal (Traumatic)	
NMO	unknown

Other contributory causes of importance: 19410

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? None

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? None
If so, specify ...
(Signed) Amos D. McChapl M.D.
(Address) 2208 Frederick Ave.

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.

JUL 31 1947