

REC'D SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass Registration District No. 154
 Township Jordan Primary Registration District No. 4088
 City Jordan City (No.) St. Ward)

File No. **28582**

Registered No.

2. FULL NAME

Jerry Alan Miller 4:50
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2nd 1938

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

17. I HEREBY CERTIFY, That I attended deceased from Dec-38
1937, 19... to May - 2nd 1938
 that I last saw h. alive on May 2nd 1938, and that death occurred, on the date stated above, at 7:23 AM.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 28, 1937

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
5 4

Pneumonia**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) U
 (c) Name of employer

CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. 4 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Near Garden City
 (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH... X

10. NAME OF FATHER John V. Miller

DID AN OPERATION PRECEDE DEATH... no DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Garden City
 (STATE OR COUNTRY) Mo.

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS... Specs of Throat & Lung
 (Signed) Frank H. Zellis, M. D.

12. MAIDEN NAME OF MOTHER Letha Helmuth
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Garden City
 (STATE OR COUNTRY) Missouri

5-2, 1938 (Address) Garden City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT John V. Miller
 (Address) Harrisonville, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. May 3 1938 Geo. Riffert
 REGISTRAR

Clearfork Cemetery May 3rd 193820. UNDERTAKER ADDRESS A. D. Harlster East Lyme

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

