

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

REC'D OCT 24 1938

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

31568
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew, Registration District No. 8
 (b) Township _____ Primary Registration District No. 4005 Registered No. _____
 (c) City Amazonia, (d) Street No. Amazonia, Mo. 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 65 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Samuel Miller,

(a) Residence, No. Amazonia, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

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

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

22. I HEREBY CERTIFY, that I attended deceased from March 11 1938, to Sept 23 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 15, 1859

I last saw h. in alive on Sept 18 1938 Death is said to have occurred on the date stated above, at 5:45 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 8 8

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer,
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm,
 10. Date deceased last worked at this occupation (month and year) September 1933 11. Total time (years) spent in this occupation 53

Carcinoma of prostate gland. Date of onset 3-11-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester, Missouri,

Other contributory causes of importance: None

FATHER 13. NAME Samuel Miller,
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, New York,

MOTHER 15. MAIDEN NAME Catherine Schneider
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Switzerland,

17. INFORMANT (ADDRESS) Mrs. Ida Pollard, Amazonia, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. John's Reform med DATE Sept. 25, 1938

19. FUNERAL DIRECTOR (ADDRESS) Frank A. Bowman, Savannah, Mo.

20. FILED Sept 25 1938 J. W. Holcomb Local Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physi Was there an autopsy? No

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? Yes
 If so, specify _____
 (Signed) R. B. Kelley, M. D.
 (Address) Savannah, Mo.

STATEMENT BY LICENSED EMBALMER

W. E. Summerfield

Licensed Embalmer No.

3007

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

my self

Sept. 2

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed

W. E. Summerfield

Licensed Embalmer No.

3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)