

1938 OCT 19 1938

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

Do not use this space.

32050

1. PLACE OF DEATH

County Crawford
Township Boonville
City (No. _____) St. _____ Ward _____

Registration District No. 229
Primary Registration District No. 5211

File No. _____
Registered No. _____

2. FULL NAME

George W. Miller St. _____ Ward _____

(a) Residence, No. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 23-1860</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>5</u>	DAYS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1938

22. I HEREBY CERTIFY, that I attended deceased from Sept 1 1938 to Sept 3 1938.
I last saw h. alive on Sept 1st 1938 at 12:00 P.M. Death is said to have occurred on the date stated above, at 12:00 P.M.

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

Chronic Myocarditis

Other contributory causes of importance: none

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Indiana

13. NAME William H. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo Valley Indiana

15. MAIDEN NAME Margaret Ellen Stacy

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

17. INFORMANT W. M. H. Miller (ADDRESS) Boonville Ind

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville DATE sep. 4 38

19. UNDERTAKER (ADDRESS) Boonville

20. FILED _____ 19 _____ Registrar. Boonville Ind

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) H. F. Drusin, M. D.
(Address) Boonville Ind

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

1938 9 - 2
1860 - 3 - 23

78 5 9

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

32050
Do not use this space.

1. PLACE OF DEATH
 (a) County Crawford Registration District No. 229
 (b) Township Boone Primary Registration District No. 2211
 (c) City (d) Street No. Registered No.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Miller
 (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-23-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>5-</u>	<u>9</u>	

OCCUPATION
 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.
 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) Lafayette Indiana

FATHER
 13. NAME William H. Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo N.Y.

MOTHER
 15. MAIDEN NAME Mary Ann Gray
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Wm. G. Miller
Bourbon Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bourbon DATE Sept 4 1938

19. FUNERAL DIRECTOR (ADDRESS) G. W. Adams

20. FILED Nov. 16 1938 C. W. Adams
Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938 to Sept 3 1938
 I last saw him alive on Sept 1 1938. Death is said to have occurred on the date stated above, at 12:40 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myo Carditis

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) W. F. Irwin, M. D.
 (Address) Bourbon, Mo

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

MOORE

EXHIBIT

S-32050