

RECEIVED NOV 21 1938

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

36987
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 837
 (b) Township Gastor Primary Registration District No. 4508 Registered No. _____
 (c) City Bloomfield, Mo. (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James S. Miller

(a) Residence, No. _____ 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

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 Catherine Miller
 (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1869
 7. AGE YEARS 69 MONTHS 7 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney
 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) Greenburg
 (STATE OR COUNTRY) Pennsylvania

FATHER 13. NAME Ben Miller
 14. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY) _____
 MOTHER 15. MAIDEN NAME Not known
 16. BIRTHPLACE (CITY OR TOWN) Scotland
 (STATE OR COUNTRY) _____

17. INFORMANT Mrs. James Miller
 (ADDRESS) Bloomfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bloomfield Cem DATE Nov. 19, 1938
 19. FUNERAL DIRECTOR (NAME) Chiles Und. Co.
 (ADDRESS) Bloomfield Mo.

20. FILED Nov. 19, 1938 Loonie Punch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1938
 22. I HEREBY CERTIFY That I attended deceased from James S. Miller on Nov. 18, 1938 at 1841 1/2 _____, 1938
 Last saw him alive on Nov. 16, 1938. Death is said to have occurred on the date stated above, at 6.15a.m.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of liver
 Date of onset _____

Other contributory causes of importance: 1841 1/2
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? No
 If so, specify _____
 (Signed) John S. Wilson M. D.
Bloomfield, Mo.
 (Address) _____

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed; above space should be left blank.