

REC'D DEC 15 1938

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

38575

Do not use this space.

## 1. PLACE OF DEATH

(a) County Boone <sup>2</sup> Registration District No. 73  
(b) Township 1 Primary Registration District No. 3006  
(c) City Columbia (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

(a) Residence, No. 460 Evinley B. Miller  
570 Park Ave 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 F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1860  
7. AGE YEARS 78 MONTHS 3 DAYS 14 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

12. BIRTHPLACE (CITY OR TOWN) Cattaway Co., Mo.  
(STATE OR COUNTRY)

13. NAME Lawrence Miller

14. BIRTHPLACE (CITY OR TOWN) Va.  
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Miller

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

17. INFORMANT Theodore Graves  
(ADDRESS) Columbia Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Columbia cem DATE 11-26 1938

19. FUNERAL DIRECTOR D. C. Freeman  
(ADDRESS) Columbia Mo.

20. FILED 11/26/1938 Allie Selby  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/15/1938 to 11/24/1938

I last saw him alive on 23rd 1938 Death is said to have occurred on the date stated above, at 6:40 PM

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

myocardial infarct  
infarct of age  
9322

Other contributory causes of importance:  
infarct of age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? cf. 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? \_\_\_\_\_  
If so, specify yes  
(Signed) W. R. Hoffman, M. D.

74 (Address) 11a & 8th St

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.

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STATEMENT BY LICENSED EMBALMER

I, A. C. Freeman, Licensed Embalmer No. 2738

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

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2738

**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.)**