

DEC 13 1938

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

39751
Do not use this space.

1. PLACE OF DEATH
 (a) County Madison Registration District No. 538
 (b) Township St. Michael Primary Registration District No. 8723 Registered No. 94
 (c) City Fredericktown (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 JOHN FRANKLIN MILLER
 (a) Residence, No. Fredericktown Mo 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 (OR) WIFE OF Mary Catherine Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>78</u>	<u>7</u>	<u>6</u>	

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) Abine Tenn.

FATHER

13. NAME Franklin R. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nesse Haute Ind.

MOTHER

15. MAIDEN NAME Susan Gilews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxfordburg Tenn.

17. INFORMANT (ADDRESS) Roy Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Patton Mo. DATE Nov 7 1938

19. FUNERAL DIRECTOR (ADDRESS) William F. O'Connell Fredericktown Mo.

20. FILED Nov 7 1938 S. C. S. Lawler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1938, to Nov 5 1938
 I last saw him alive on Nov 4 1938. Death is said to have occurred on the date stated above, at 4:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset Nov 38

Other contributory causes of importance:
arterio-sclerosis - Mitral Insufficiency - Aorta Stenosis - Chronic Bronchitis - Chronic Nephritis

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) S. C. S. Lawler, M. D.
 (Address) Fredericktown Mo.

By G. D. Schwane (Licensed Embalmer's Statement on Reverse Side)

V. S. NO. 2. 90M-7-20-37 1 X12004 WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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, William B. O'Connor, Licensed Embalmer No. 3975

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 William B. O'Connor

Licensed Embalmer No. 3975

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.)