

REC'D FEB 21 1939

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

1764

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
(b) Township Poplar Bluff Primary Registration District No. 5131
(c) City Poplar Bluff (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

George Raymond Miller
(a) Residence, No. S. Poplar Bluff 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 Bertha Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 8 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. mill Worker
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) Oct 21 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Corn

FATHER 13. NAME John Riley Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Corn

MOTHER 15. MAIDEN NAME Laura Willhite

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Corn

17. INFORMANT (ADDRESS) Mrs Bertha Miller
84 Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Black Creek DATE Jan 25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) N.P. Phelps
Poplar Bluff Mo

20. FILED 1/25 39 Obitinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1939

22. I HEREBY CERTIFY that I attended deceased from 11-5, 1938 to 1-23, 1939

I last saw him alive on 1-20, 1939 Death is said

to have occurred on the date stated above, at 4 P. m.

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

Chronic Myocarditis
Chronic Nephritis
Mitral Insufficiency
Date of onset 131

Other contributory causes of importance: Hypertrophy of Heart

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) G. D. C. C. C. M. D.

89 (Address) Poplar Bluff Mo

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.