

REC'D FEB 25 1939

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

3156
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 582
(b) Township Paris Primary Registration District No. 4344 Registered No. 8
(c) City Paris, 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

460 (Baby) Miller
(a) Residence, No. Paris, 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939, to Jan. 30, 1939.
I last saw him alive _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1939

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Stillborn

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Stillborn
(mother was eclamptic)

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) Paris, Mo.

Other contributory causes of importance:

13. NAME Lee Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Mo.

Name of operation None Date of operation Jan. 30, 1939
What test confirmed diagnosis? Maternal urine analysis showed albumin +++ Was there an autopsy? No

15. MAIDEN NAME Ruth Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galshury, Ill.

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.

17. INFORMANT (ADDRESS) Relatives (Velma Ball)18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Jan. 31, 39

Manner of injury _____
Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS) None24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____20. FILED Jan. 31, 1939 F. A. Barnett M.D. Local Registrar

(Signed) F. A. Barnett, M. D.
(Address) Paris, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-132

Date Filed FEB 13 1939

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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