

DEC'D FEB 25 1939

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

3329

Do not use this space.

1. PLACE OF DEATH

(a) County Wodaway Registration District No. 632
(b) Township Hughes Primary Registration District No. 4373 Registered No. 1
(c) City (d) Street No. 587 1/2 St.
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

460 Lewis C. Miller
(a) Residence, No. about 69 yrs. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-3-1861

7. AGE YEARS 77 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

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) Blandinaville Ill

13. NAME Isaac Miller

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

15. MAIDEN NAME Martha Berry

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

17. INFORMANT (ADDRESS) Floyd Miller Graham Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Cem DATE 1-16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Funeral Home
Marionville Mo

20. FILED Feb 14 1939 Ed Black Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to Jan 14, 1939
I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 1:40 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Arteriosclerosis
Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? none 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) Ed Morgan M.D. M. D.
(Address) Graham, Mo

Date of onset

Several
years
back

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,

W. Dean Campbell

or by

Registered Apprentice No., working under my personal supervision.

Signed

W. Dean Campbell

Licensed Embalmer No. *2630*

P. O. Address

Mayville, TN

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.