

DECEMBER 20 1939

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

5720  
Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Adair Registration District No. 4  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3001 Registered No. 31  
 (c) City Kirksville Mo. (d) Street No. Grim-Smith Hospital, Kirksville, Mo. 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. 6 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert Lucern Miller

(a) Residence, No. Queencity Mo. St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Aug, 19th, 1926</b>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<b>12</b>	<b>5</b>	<b>15</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>In School</b>			
	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) <b>Queencity Mo.</b>				
FATHER	13. NAME <b>Lucern Miller</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Near Queencity Mo.</b>			
MOTHER	15. MAIDEN NAME <b>Helen Weir</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Durango Colorado</b>			
17. INFORMANT <b>Lucern Miller</b> (ADDRESS) <b>Queencity Mo.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACES <b>Queencity Cem,</b> DATE <b>Feb 15</b> 19 <b>39</b>				
19. FUNERAL DIRECTOR <b>William N. West</b> (ADDRESS) <b>Queencity Mo.</b>				
20. FILED <b>Feb 14, 1939</b> <b>Spencer L. Freeman</b> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 13** 19**39**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 27** 19**39**, to **Feb 13** 19**39**  
 I last saw him alive on **Febr 13** 19**39** Death is said to have occurred on the date stated above, at **7:52 P.M.**  
 The principal cause of death and related causes of importance were as follows:  
**Streptococcic meningitis**  
 Date of onset **2-11-39**

Other contributory causes of importance:  
**General streptococcosis**

Name of operation **none** Date of **XXXX**  
 What test confirmed diagnosis? **spinal puncture** Was it an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **XXXX** Date of injury **XX**, 19**XX**  
 Where did injury occur? **XXXXX**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
**XXXX**

Manner of injury **XXXX**  
 Nature of injury **XXXX**

24. Was disease or injury in any way related to occupation of deceased? **No**  
 If so, specify  
 (Signed) **E. S. Smith**, M. D.  
 (Address) **Kirksville**

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-271

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, Wm A West Licensed Embalmer No. 2882

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

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 comply with the above constitutes grounds for revocation of license.)