

REC'D MAR 13 1939

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

5918
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 129
 (c) City St. Joseph (d) Street No. Mo. Methodist Hospital 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 William Sayers Miller

(a) Residence, No. Savannah 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 Ella Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 6 23

OCCUPATION 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) Fillmore 0
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME John A Miller 0

14. BIRTHPLACE (CITY OR TOWN) Andrew County 1
 (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Sarah E. Miller

16. BIRTHPLACE (CITY OR TOWN) Allen Town
 (STATE OR COUNTRY) Penn

17. INFORMANT Ella Miller
 (ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Savannah Mo. DATE February 8, 39

19. FUNERAL DIRECTOR (NAME) E. C. Breit
 (ADDRESS) Savannah Mo.

20. FILED Feb 8 39 H. Steedebush
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1938 to Feb 6 1939
 I last saw him alive on July 6 1939. Death is said to have occurred on the date stated above, at 11:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Perforated Duodenal Ulcer (primary cause)
117 B
 Other contributory causes of importance: abscess of right lung (real cause of death)
 Date of onset about Dec 17 38

Name of operation entering duodenum Date of operation Dec 18 38
 What test confirmed diagnosis? operation 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? Yes
 If so, specify lung abscess superinduced by dust -
 (Signed) D. W. Selman M. D.
 (Address) St. Joseph Mo.

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.

PLEASE PRINT NAME OF DECEASED
AND ADDRESS AND IS BEING
USED TO STATE

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,

E. C. Breit, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....2650.....

P. O. Address Savannah Mo.

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.