

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.

REC'D MAY 10 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City J. C. Mo

Registration District No. 399
Primary Registration District No. 1002
(No. 3048 Harrison)

File No. 13715
Registered No. 1469
St. _____ Ward _____

2. FULL NAME

H. C. Lewis C. Miller

(a) Residence, No. 3048 Harrison St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1892

7. AGE YEARS 46 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, 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) Maryland

13. NAME Lewis Miller

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

15. MAIDEN NAME Annie Lindsay

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

17. INFORMANT (ADDRESS) Mrs. J. E. Matter
Stover Springs Md

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE April 6, 39

19. UNDERTAKER (ADDRESS) J. W. Wayner
J. Kansas City Mo

20. FILED 4-6 1939 M. M. Crow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1939, to 4/3 1939

I last saw him alive on 4/2 1939. Death is said to have occurred on the date stated above, at 9 a m.

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

Beriberi Thromboly Date of onset 1 day
34

Other contributory causes of importance:

Hypertension
Chronic Nephritis
Chronic Nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? St. Chum 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) Dr. J. E. Miller, M. D.
(Address) 3034 Harrison

