

REC'D MAY 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Barton

Registration District No.

40

File No.

14158

Township

Hamart

Primary Registration District No.

5058

Registered No. 17

City

(No.

St.

Ward)

2. FULL NAME

460 John Harvey Miller

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

7 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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

✓

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

July 4-1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

38

9

26

OCCUPATION

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

Laborer

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)

Deepton Iowa

13. NAME

Parken Miller

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

Iowa

15. MAIDEN NAME

Cora Jones

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

Iowa

17. INFORMANT (ADDRESS)

M. J. H. Miller
Barton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Howell Cem. DATE May 2, 1939

19. UNDERTAKER (ADDRESS)

C. F. Roentz
Hamart, Mo.

20. FILED

May 2, 1939 Mrs. Josephine Myrdal
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

April 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9:45 P.M.

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

Was killed at Frisco crossing on highway 160 west of Hamart 1 1/2 miles S. of South Central Florida Express at 9:40 P.M.

Other contributory causes of importance:

Spine Racer car in which he was riding
Face badly cut. Skull fractured
Large fracture wound 1 inch above
Name of operation R. E. C. - Life line system
Date of
What test confirmed diagnosis? Was there an autopsy?
..... about and allow them to enter Cemetery

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?.....

If so, specify.....

(Signed) C. E. Drexler, M. D.

(Address)

C. E. Drexler
Carter Co., Mo.

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.

WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-959

Date Filed MAY 9 1939