

RECORDED MAY 21 1939

695

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

Do not use this space.

14239

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township Washington Primary Registration District No. 1001
City St. Joseph, Mo. (No. State Hosp #2 St. Joseph, St. Ward)

2. FULL NAME

George H. Miller
(a) Residence, No. Kansas City, Mo. Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 yrs. 1 mos. 25 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 5 28

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Wm Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Records of Hosp #2
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE State Hosp #2 4-4-1939
19. UNDERTAKER (ADDRESS) Freeman and Son Inc, 676 Calhoun St. Joseph, Mo
20. FILED APR 5 1939 Registrar W. Matthews

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939
22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1939, to April 3, 1939
I last saw him alive on April 2, 1939. Death is said to have occurred on the date stated above, at 6:38 am.
The principal cause of death and related causes of importance were as follows:

Fracture of right hip
March 18, 1939
16 1/2"
Other contributory causes of importance: _____

General Paralysis of Insane 1937
Name of operation none Date of _____
What test confirmed diagnosis? opsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 3-18, 1939
Where did injury occur? St. State Hospital #2 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Fell during paralytic seizure
Manner of injury and fractured right hip
Nature of injury hip

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) A. E. Miller M. D.
(Address) State Hospital #2
St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

ST. JOSEPH, MISSOURI, APRIL FOURTH, 1939,

THIS IS TO CERTIFY THAT THE REMAINS OF

GEORGE H. MILLER, WAS NOT EMBALMED.

John E. Smith

LICENSES EMBALMER No. 3966
1946 COLKORN ST.
ST. JOSEPH, MISSOURI.