

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.

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

17897

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
(b) Township Nodaway Primary Registration District No. 5016 Registered No. 28
(c) City _____ (d) Street No. _____
(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 460 Fred Miller

(a) Residence, No. Andrew county 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 7 29

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) Unknown
(STATE OR COUNTRY) Switzerland 7

FATHER 13. NAME Godlip Miller 7
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Switzerland 7

MOTHER 15. MAIDEN NAME Mary Sommebach 7
16. BIRTHPLACE (CITY OR TOWN) Un known
(STATE OR COUNTRY) Switzerland

17. INFORMANT A. A. Miller
(ADDRESS) Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE May 3 1939

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

20. FILED May 3 1939 Mrs. Jennie Rash
Local Registrar. 934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 1939

22. I HEREBY CERTIFY, That I attended deceased from April 17 1939 to April 27 1939
I last saw him alive on 27th 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:

Tuberculosis of lungs 2 years
& multiple abscesses

Other contributory causes of importance: 23

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 _____
(Signed) Gilbert Blalock, M. D.

(Address) Savannah Mo.

RECEIVED

District Health Officer No. 11,

District File Number 39-278

Date filed JUN 12 1939

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

E. C. Breit
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.