

NEW JUN 21 1939

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

Do not use this space.

1. PLACE OF DEATH

19 County Ossage  
Township Raymore  
City (No. ) St. (Ward)

Registration District No. 158  
Primary Registration District No. 5223

File No. 18321  
Registered No. 12

2. FULL NAME

H60 Daniel S. Miller

(a) Residence, No. St. Ward.  
(Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 31, 1856</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>8</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>life</u>
	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) <u>1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lancaster Co Pa</u>		
FATHER	13. NAME <u>William Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT (ADDRESS) <u>Wesley Miller 5457 7aven, Hollywood Calif</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raymore, Mo</u>	DATE <u>May 5 1939</u>	
19. UNDERTAKER (ADDRESS) <u>C. F. George + Sons Bellary, Mo.</u>		
20. FILED <u>5-10 1939</u>	<u>PR Miller Registrar</u>	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 3 1939, to May 3 1939  
I last saw him alive on May 2 1939. Death is said to have occurred on the date stated above, at abt m. 11 AM  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Congestive Hypostatic  
9563  
Date of onset

Other contributory causes of importance:  
Cardiac Dilatation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History 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) W. H. Chaffin, M. D.  
(Address) Raymore, 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.

