

DEC'D JUL 19 1939

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

Do not use this space.

## 1. PLACE OF DEATH

96 County Putnam 2  
Township Wilson 1  
City Lepperson (No. \_\_\_\_\_)

Registration District No. 718  
Primary Registration District No. 3-948

File No. 23024  
Registered No. 23  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| 3. SEX<br>M  | 4. COLOR OR RACE<br>W   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br>married |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED<br>HUSBAND OF (OR) WIFE OF<br>Emma Miller |   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)<br>Jan 13, 1856                        |   |  |
| 7. AGE   | YEARS<br>86   | MONTHS<br>5  |
|  | DAYS<br>11  | IF LESS than 1 day, _____ hrs. or _____ min.                         |
| OCCUPATION   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br>Retired farmer |  |
|  | 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)<br>Van Buren Co. Iowa         |   |  |
| FATHER   | 13. NAME<br>Issac Miller  |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br>Virginia  |  |
| MOTHER   | 15. MAIDEN NAME<br>Unknown  |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)<br>Virginia  |  |
| 17. INFORMANT (ADDRESS)<br>Emma Miller   |   |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE Remon DATE June 25, 1939            |   |  |
| 19. UNDERTAKER (ADDRESS)<br>F. M. Hodson Remon, Mo.                            |   |  |
| 20. FILED June 25, 1939 F. W. Galbraith 645 Registrar.                         |   |  |

## MEDICAL CERTIFICATE OF DEATH

|  |
|--|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR)<br>June 24, 1939  |
| 22. I HEREBY CERTIFY That I attended deceased from<br>Oct 18, 1919, to June 23, 1939<br>I last saw him alive on May 5, 1938. Death is said to have occurred on the date stated above, at 3:30 A.M.<br>The principal cause of death and related causes of importance were as follows:<br>Chr. Interstitial Nephritis<br>Date of onset 1920<br>131<br>Other contributory causes of importance: _____<br>Name of operation _____ Date of _____<br>What test confirmed diagnosis? Urinalysis. Was there an autopsy? No<br>23. If death was due to external causes (violence), fill in also the following:<br>Accident, suicide, or homicide? _____ Date of injury _____ 19 _____<br>Where did injury occur? _____ (Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place. _____<br>Manner of injury _____<br>Nature of injury _____<br>24. Was disease or injury in any way related to occupation of deceased? No.<br>If so, specify _____<br>(Signed) Benjamin E Cobb, M. D.<br>(Address) Unionville 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.

RECEIVED

District Health Officer No. 10

District File Number 7-39-1177

Date Filed JUL 10 1939

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

23024  
Do not use this space.

1. PLACE OF DEATH

(a) County Putnam Registration District No. 718  
 (b) Township Wilson Primary Registration District No. 5948  
 (c) City..... (d) Street No..... St.  
 (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 Geo Wesley Miller

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
83 5- 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILE June 25 1939 N. W. Gilliam Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

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

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Ray E. Cobb, M. D.

(Address) Unionville 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

