

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

39009
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1409 Olive 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 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Perry Ackerman Miller, Jr.
 (a) Residence, No. 1409 Olive 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 <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>Ellen M. Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 23, 1852</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>87</u>	<u>0</u>	<u>10</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Conductor</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Street Car</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>Decatur County,</u> (STATE OR COUNTRY) <u>Michigan.</u>				
FATHER	13. NAME <u>Perry A. Miller, Sr.</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Michigan.</u>			
MOTHER	15. MAIDEN NAME <u>Linnia Ackerman,</u>			
	15. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Michigan.</u>			
17. INFORMANT <u>Mrs. Mabel Vey</u> (ADDRESS) <u>1409 Olive St.</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>St. Joseph, Missouri</u> PLACE <u>Memorial Park Cem</u> DATE <u>11-6</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) <u>Walter Meierhoffer</u> (ADDRESS) <u>1302 Parson St., St. Joseph, Missouri</u>				
20. FILED <u>Nov 6 39</u> <u>D. Nestlehead</u> <u>Local Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>November 3,</u> 19 <u>39</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>March 28</u> , 19 <u>39</u> , to <u>Nov 2/</u> , 19 <u>39</u> . I last saw him alive on <u>Sept 2/</u> , 19 <u>39</u> . Death is said to have occurred on the date stated above, at <u>2:20 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Chronic Pyelonephritis</u> <u>bilateral</u> <u>51</u> Other contributory causes of importance: <u>Cancer of bladder</u> <u>Transurethral</u> Name of operation..... Date of <u>Nov 2/ 39</u> What test confirmed diagnosis? <u>Cystoscopy</u> Was there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>NO</u> 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? <u>NO</u> If so specify..... (Signed) <u>Chas Greenberg</u> , M. D. (Address) <u>Phys. & Surg. Bldg., St. Joseph.</u>	

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
 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.
 V. S. NO. 2
 50M-9-19-39
 I X16403

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

A. H. Kelly

Licensed Embalmer No. Mo. 3946

P. O. Address St. Joseph, Missouri

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.