WHITE 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.

FEB 17 1940

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

Do not use this space.

3971

1. PLACE OF DEATH
County Scott — Registration District No. 816
Township — Primary Registration District No. 4492
City Chaffee (No. , St. Ward)

File No.
Registered No. 3

2. FULL NAME William V. Miller 460
(a) Residence, No. 302 E. Davidson St., 3 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~WIFE OF~~ ~~####~~: Mary Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30 1856

7. AGE: YEARS 83 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 12-1939
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Paul Minnesota

FATHER
13. NAME Joseph Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alsacke France Loraine

MOTHER
15. MAIDEN NAME Elizabeth Liter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no record Belgium

17. INFORMANT (ADDRESS): Mr. Levi Miller Chaffee Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Lawerence Cem. DATE 1-11-40, 19

19. UNDERTAKER (ADDRESS): Stubbs Funeral Home CM Stubbs Chaffee Missouri

20. FILED 1/10, 1940 W. O. Finney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939, to Jan 9, 1940
I last saw him alive on Jan 8, 1940. Death is said to have occurred on the date stated above, at 25a m.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy — Date of onset 12/28/39
94 W
Arterial Sclerosis 1937

Other contributory causes of importance:
Angina Pectoris July 1939

Name of operation None Date of
What test confirmed diagnosis? Clinical 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. O. Finney M. D.
735 (Address) Chaffee Mo

RECEIVED
District Officer No. 2
District File Number 240 583
Date Filed 2/2/49