

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

Do not use this space.

FILED FEB 17 1940

1. PLACE OF DEATH
County Stoddard of Registration District No. 836
Township Liberty Primary Registration District No. 4607
City Bernie mo (No. _____ St. _____ Ward _____)
2. FULL NAME James Alexander Miller 460
(a) Residence, No. Bernie mo St. _____ Ward _____ (If nonresident, give city or town and State)
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.

File No. 4007
Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) marier
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cardie Wheatly Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 11 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sanitizer
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) Tenn 1

MOTHER / FATHER
13. NAME Frank Miller 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bernie mo 0
15. MAIDEN NAME Ellen Andrews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Cardie Miller mo
(ADDRESS) Bernie mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bernie mo DATE 1-19-40

19. UNDERTAKER Watson Fin
(ADDRESS) Bernie mo

20. FILED 1-30 19 30 Laura Hopkins
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-10 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1940 to Jan 18 1940
Last saw him alive on Jan 17 1940 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

Uremia 121
Other contributory causes of importance:
Chronic nephritis
Arteriosclerosis

Date of onset
1/9/40
10/1/39
8/15/39

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) B. E. Grace M. D.
(Address) Bernie 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.

REC

Dist. with Officer No. 2nd

District File Number 240-277

Date Filed 2/9/40

Dr. Jones

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

4007
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard Registration District No. 836
(b) Township _____ Primary Registration District No. 4507 Registered No. 3
(c) City Bernie (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 James Alexander Miller
(a) Residence, No. Bernie Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 11 19

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. gambler
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. FILED 4-30 1940 Laura Hopkins Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1940

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

I last saw him 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) R. E. Grace M. D.

(Address) Bernie Mo

WRITE PLAINLY, WITH OUTFRONT MATTERS IN A PERMANENT RECORD

I X12241

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.

