FEB 11 1940

FILED Feb 12 1940

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

Do not use this space.

8078

1. PLACE OF DEATH
County St. Louis 0 Registration District No. 784
Township Primary Registration District No. 200
City Eureka (No. , St. Ward)

File No.
Registered No. 297

2. FULL NAME 460 ARTHUR D. MILLER
(a) Residence, No. Eureka, Mo. St., Ward.
(Usual place of abode) (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1873

7. AGE: YEARS 66 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) St. Louis Mo. 0

FATHER
13. NAME Charles E. Miller 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 0

MOTHER
15. MAIDEN NAME Anna R. Dodge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs Alice Miller Eureka, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Feb 12, 1940

19. UNDERTAKER (ADDRESS) Akron Hulo 2707 N. Grand Blvd.

20. FILED FEB 11 1940 F R Meyer MD DOD 707 Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1940, to Feb. 9, 1940
I last saw him alive on Feb. 9, 1940 Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary gastric carcinoma	Aug. '39
Secondary in liver and other abdominal viscera.	
460	
Other contributory causes of importance:	
Chronic nephritis.	1935

Name of operation Gastroenterostomy Date of Oct. 23-39
What test confirmed diagnosis? Operation. 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?
If so, specify
(Signed) C R Buckmeyer D.O. M. D.
(Address) Eureka, Missouri.

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.

I X9314