

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

Do not use this space.

29961

1. PLACE OF DEATH

County Vernon

Township.....

City Stotesbury

2
0

Registration District No.....

Primary Registration District No.....

879
453

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME Arnold Miller

(a) Residence, No. 2 mi north of Stotesbury Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Eunice Miller

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

June 27 1886

7. AGE

54

YEARS

MONTHS

1

DAYS

12

IF LESS than 1 day, hrs. or min.

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)

August 8 1940

11. Total time (years) spent in this occupation

Life

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

Wolfe, Mo

13. NAME

James P. Miller

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

Lone Jack, Mo

15. MAIDEN NAME

Elnora M. Ogle

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

No record

17. INFORMANT (ADDRESS)

Mrs. Lucille Farrel

18. BURIAL, CREMATION, OR REMOVAL

Burial

PLACE

Underwood

DATE

Aug 11

1940

19. UNDERTAKER (ADDRESS)

Geo. A. Konantz

Fort Scott, Kansas

20. FILED

Aug 12 1940

Marion B. Denton
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 9

1940

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1st 1940 Aug 9th 1940

I last saw ~~him~~ her alive on Aug 8, 1940. Death is said to have occurred on the date stated above, about 10 a.m.

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

Coronary Occlusion Aug 8-40

Other contributory causes of importance:

Hypertension
Mitral insufficiency 1940

Name of operation..... Chloroform Date of.....
What test confirmed diagnosis..... Chloroform 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. J. Allen, M. D.
(Address) Stotesbury

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

SEP 25 1940

RECEIVED

Disposal Health Officer No. 7.

District File Number

9-40-1299

Date Filed

9-9-40