

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.

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

Do not use this space. *lt*

43204

~~FILED~~ JAN 25 1941

1. PLACE OF DEATH

County Miller Registration District No. 565 File No. _____
Township Glaise Primary Registration District No. 5761a Registered No. 44
City Brushley (No. _____) St. _____ Ward _____

2. FULL NAME

John Lewis Miller

(a) Residence, No. Rural St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 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 (write name) Samatha V. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 2 19

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. Own Farm

10. Date deceased last worked at this occupation (month and year) Nov. 30, 1940 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Mo.

13. NAME John Conrad Miller

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

15. MAIDEN NAME Chloie Haddox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT Tilton H. Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Rabinett Cemetery DATE Dec. 6, 1940

19. UNDERTAKER (ADDRESS) No. 408

20. FILED Dec. 5, 1940 C. R. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1940, to Dec. 4, 1940

I last saw him alive on Dec. 4, 1940. Death is said to have occurred on the date stated above, at 10:20 p.m.

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

Cerebral Hemorrhage Date of onset 11-20-40
Arterial sclerosis 1935

Other contributory causes of importance: gfk

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) Myron D. Jones, M.D.
(Address) Brushley, Mo.

RECEIVED
Miller County Health Dept.

County File Number 41-2

Date Filed 1/15/41