

FILED FEB 14 1941

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

1583

Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 20
 (b) Township Jacks Primary Registration District No. 4014 Registered No. 3
 (c) City Jacks Mo (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

Harry Elmer Miller
 (a) Residence, No. Jacks Mo St. (If nonresident, give city or town and State)

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 Minnie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-11-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rail Saloon
 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) 10/4/40 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co Ill

FATHER 13. NAME John B. Miller

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

MOTHER 15. MAIDEN NAME Fannie B. Botkin

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

17. INFORMANT (ADDRESS) Harry J. Miller
Rock Port, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacks Mo DATE 12/29/1940

19. FUNERAL DIRECTOR (ADDRESS) Thos. Clement
Jacks, Mo

20. FILED 12-28, 1940 C. W. Vaughn
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1938, to Dec 24 1940
 Last saw him alive on Dec 24, 1940. Death is said to have occurred on the date stated above, at 11:45 PM

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

Cardio-renal disease & pulmonary complications Date of onset ?

Other contributory causes of importance: 131a

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? No

If so, specify William R. Steinkamp, M. D.

(Signed) William R. Steinkamp, M. D.

(Address) Rockport, Missouri

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.

