FILED APR 20 1942

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

11297
Do not use this space.

1. PLACE OF DEATH
(a) County Madison — Registration District No. 538
(b) Township Liberty — Primary Registration District No. 5725 — Registered No. 26
or
(c) City — (d) Street No. ..... St.
(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 WILLIAM HARVEY MILLER
(a) Residence, No. ..... St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vietta Lewis Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 28 1884
7. AGE: Years 57 — Months 3 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Madison Co. Mo.

FATHER
13. NAME: James Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co Mo

MOTHER
15. MAIDEN NAME: Elizabeth Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Madison Co. Mo

17. INFORMANT (ADDRESS): Jess Miller, Jewett Mo.
18. BURIAL, ~~CREMATION~~ OR ~~REMOVAL~~ PLACE: Marsh Creek Cem DATE: Mch 26 1942
Madison Co Mo
19. FUNERAL DIRECTOR (NAME) (ADDRESS): None
20. FILED: Mch 26 1942 S. C. S Caughlin, Local Registrar.
By C. D. Schwanke

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1942
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1942 to March 25, 1942.
I last saw him alive on March 21, 1942. Death is said to have occurred on the date stated above, at 2:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Kidneys	?

Other contributory causes of importance:
Abscess of Lung
Chronic Bronchitis

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) S C Slaughter, M. D.
(Address) Fredericktown

(Licensed Embalmer's Statement on Reverse Side)

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 X16605

MAY 15 1942

RECEIVED
District Health Officer No. 4
District File Number 442, 530
Date Filed 4-12-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

. S. No. 2B
OM—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11297

Registration District No. 538 Primary Registration District No. 5725 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Liberty Twp.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William H. Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov (Month) 28 (Day) 1884 (Year)

8. AGE: Years 57 Months 3 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h. alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Infected kidney
Abscess of lung
Due to Vat tuberculosis followed
a La Guppe, months before
Due to Infected kidneys
probably came from lung abscess

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
114d
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature S. C. Slaughter (M. D. or other) M.D.
Address Fredericktown Mo. Date signed May 13 '42

11297