

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

29160  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Saline Registration District No. 705-324  
 (b) Township Marshall Primary Registration District No. 605-2072 Registered No. 163  
 (c) City \_\_\_\_\_ (d) Street No. 2 (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 9 yrs. 11 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** Lowell Dowe Miller

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
 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) Jamesport Missouri

13. NAME Elmo Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ringold County Iowa

15. MAIDEN NAME Lela Hutchinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Livingston County Missouri

17. INFORMANT (ADDRESS) Missouri State School Records Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport Mo DATE Aug. 17th '43

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Lewis Marshall Mo

20. FILED Aug 15 1943 Mrs T.O. Westbrook Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15 1943

22. I HEREBY CERTIFY, That I attended deceased from August 15 1941 to August 15 1943

I last saw him alive on August 14 1943. Death is said to have occurred on the date stated above, at 1 A m.

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

Pulmonary Tuberculosis Duration over 1 Year

Other contributory causes of importance: Middle Grade Idiot

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examination 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 \_\_\_\_\_

(Signed) Delmer Eugene Bookish, M. D.  
 (Address) Marshall, Missouri

SEP 13 1943

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.

WRITE PLAINLY

30,186-1-1 X14025

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed .....

9-10-43

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

*R. W. Campbell*

Licensed Embalmer No.

3469

P. O. Address

*Marshall, W.*

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

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