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

FILED JUL 8 1946

19905

File No. \_\_\_\_\_  
Registered No. 136  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Dunklin Registration District No. 107  
Township Burnett 940 Primary Registration District No. 3019  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME Joe. Sierrross Miller  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 54 4 18  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Worker  
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) June 20 - 1946 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragard Ark  
13. NAME Joe Miller  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lacy County Ark  
15. MAIDEN NAME Mattie Burnett  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT (ADDRESS) Charlie Miller  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hannemiller DATE June 21 - 1946  
19. UNDERTAKER (ADDRESS) W. T. Emerson & Son  
20. FILED 6-25 1946 Earl Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/20 - 11:30 PM 1946  
22. I HEREBY CERTIFY, That I attended deceased from June 20 1946, to June 20 1946.  
I last saw him alive on June 20, 1946. Death is said to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Skull Fracture - Left Temporal  
Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Increased intracranial Pressure secondary to Head injury above described.  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury June 20, 1946  
Where did injury occur? Hannemiller, Dunklin Co., Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. 35  
Railroad Accident  
Manner of injury Was run over by motor car  
Nature of injury Fracture Left Temporal Bone  
24. Was disease or injury in any way related to occupation of deceased? Yes  
If so, specify \_\_\_\_\_  
(Signed) Sergeant Sumner M. D.  
(Address) Hannemiller, Mo.

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.

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RECEIVED

District Health Office No. 2,

District File Number 746-779

Date Filed 1-3-46

SEP 6 1946

MAR 3 1947