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

Do not write in this space. 43196

FILED DEC 11 1946

43196

1. PLACE OF DEATH
County Scotland — Registration District No. 326
Township Harrison — Primary Registration District No. 6101
City Gorin "Rural" — St. — Ward)

File No.
Registered No. 41

2. FULL NAME William Price Miller

(a) Residence, No. — St., — Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Cyrena May Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 1884

7. AGE: Years 62 | Months 10 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gorin Mo

FATHER
13. NAME Samuel A. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Lucy Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Mo

17. INFORMANT (ADDRESS) Cyrena May Miller Gorin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gorin DATE Dec 4 1946

19. UNDERTAKER (ADDRESS) Keith T. Barkett Memphis Mo

20. FILED Dec. 7, 1946 Mrs. E. E. Parrish Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 1946

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1946, to Dec 2nd 1946
I last saw h~~m~~ alive on Dec 2 1946 Death is said to have occurred on the date stated above, at 3:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-1946

43A

Other contributory causes of importance: Progressive Paralysis

Name of operation — 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? No 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) F. M. Johnson, M. D.
(Address) Gorin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

42005

OCT 26 1948

JUL 10 1951

RECEIVED
District Health Officer N
District File Number 12-46
Date Filed DEC 10 19

This body was embalmed
by Fred Gerth (License # 42
Memphis Mo