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.

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

Do not use this space.

41465

1. PLACE OF DEATH
County Linn
Registration District No. 496
File No.
Township
Primary Registration District No. 3025
Registered No. 84
City Brookfield (No. 511 W. Canal St. 4 Ward)

2. FULL NAME Wm. Henry Miller
(a) Residence, No. 511 W Canal St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 43 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) Widowed

5a. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Hannah L. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13. 1859

7. AGE YEARS 72 MONTHS 0 DAYS 25 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road Switchman
10. Date deceased last worked at this occupation (month and year) 12-3-1910
11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ypsilanti Mich

FATHER
13. NAME Do not know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know " " "

MOTHER
15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know " " "

17. INFORMANT Mrs Jennie Davis
(ADDRESS) 511 W. Canal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rose Hill DATE 12-10 1931

19. UNDERTAKER C. W. Hill
(ADDRESS) Brookfield, Mo

20. FILED 12-11 1931 C E Jullaney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8 1931

22. I HEREBY CERTIFY, That I attended deceased from 10-2 1931, to 12-8 1931
I last saw him alive on Dec 8 1931 Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Chr. Myocarditis — Date of onset: Unknown
131 131
930

Other contributory causes of importance: Chr Interstitial Nephritis

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? ... 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) J. Lane Evans, M. D.
(Address) Brookfield Mo