JUL 28 1927

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

Do not use this space.

19036

1. PLACE OF DEATH
County Newton
Township Van Buren
City ..... No. ..... St. ..... Ward)
Registration District No. 612
Primary Registration District No. 5814
File No. .....
Registered No. .....

2. FULL NAME Chas Jackson 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 N.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 14-1862

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	4	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Ohio~~ Illinois

PARENTS
10. NAME OF FATHER Chas H. Miller.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ~~Ohio~~ - Ill.
12. MAIDEN NAME OF MOTHER Nancy Webster.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ~~Ohio~~ - Illinois

14. INFORMANT O. R. Miller.
(Address) Ritchey Mo.

15. FILED July 8 1927 C. P. Moody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1925, to June 12, 1927 that I last saw him alive on June 11, 1927, and that death occurred, on the date stated above, at 8-20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97
916
(duration) 2 yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Mg 1925
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) R. T. Cheatham, M. D
, 19 (Address) Diamond Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Humphrey Cemetery
DATE OF BURIAL June 14 1927

20. UNDERTAKER Wm Hassell Jr.
ADDRESS Pierce City Mo.

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.

PERMANENT RECORD

[redacted]