

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

Do not use this space.

13962

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File No. _____
 Registered No. 545
 St. _____ Ward)

PLACE OF DEATH
 County Buchanan Registration District No. 1001
 Township _____ Primary Registration District No. _____
 City St. Joseph, (No. Sunny Slope Hospital) St. _____ Ward)

2. FULL NAME Norman Lewis Miller,

(a) Residence. No. _____ St. _____ Ward Helena, Missouri.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 23, 1913

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
15 9 0

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

9. BIRTHPLACE (CITY OR TOWN) Andrew County,
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER George H. Miller,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Andrew Co.,
 (STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Libbie Lewis,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington,
 (STATE OR COUNTRY) Kansas,

14. INFORMANT George H. Miller
 (Address) R.F. Dr 2, Box 28 Helena, Mo

15. FILED John D. Miller REGISTRAR
APR 24 1929

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23, 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-23, 1929, to 4-23, 1929 that I last saw him alive on 4-23, 1929, and that death occurred, on the date stated above, at 4:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis, Cerebrospinal
79/10 (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY no facts
 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH. no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Subacute
 (Signed) D. J. Gannon, M. D.

4/24, 1929 (Address) St Joseph 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 DATE OF BURIAL
Union Chapel Cemetery Apr. 24, 19 29

20. UNDERTAKER ADDRESS
Hester & Belgard 319 S. 10 St.

W. J. H. K. K. K. James H. K.

