

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

Do not use this space.

29256
3429

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Joseph (Nicello) Miller
(a) Residence, No. 614 1/2 Independence Ave. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Flora Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 27-1861</u>				
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>	DAYS <u>13</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>baker</u>			
	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	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> <u>16</u>			
	13. NAME <u>Milillo</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u> <u>6</u>			
	15. MAIDEN NAME <u>Winkerson</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Italy</u>			
	17. INFORMANT <u>Flora Miller - wife</u> (ADDRESS) <u>615 Indep Ave</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>9-12-1932</u>				
19. UNDERTAKER <u>Arthur B. Kapitana</u> (ADDRESS) <u>1000 E. 12th</u>				
20. FILED <u>9/10</u> 19 <u>32</u> <u>M. M. Croye</u> Registrar.				

21 MEDICAL CERTIFICATE OF DEATH

21 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 - 1932 to Sept 8 - 1932
I last saw h. in alive on Sept 8, 1932 Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
arterio Sclerosis
Date of onset

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? Rymphi Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) H. J. Gerovich M. D.
(Address) 225 Arroyo Bldg

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.

WHITE ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

6.1.10