

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.

MAY 22 1933

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

Do not use this space.

13589

1. PLACE OF DEATH  
 48 County Jackson Registration District No. 404  
 Township Washington Primary Registration District No. 0335  
 City Grandview (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Paul Marion 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1902

7. AGE YEARS MONTHS DAYS | If LESS than 1 day, hrs. or min.  
30 | 10 | 29 | \_\_\_\_\_

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. office

10. Date deceased last worked at this occupation (month and year) Feb. 1933 11. Total time (years) spent in this occupation 6 yrs

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

13. NAME Jesse W. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Margaret Miller (ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill R. Co. Park DATE Apr 22 1933

19. UNDERTAKER E. K. George & Sons (ADDRESS) Grandview Mo

20. FILED 4-22-33 1933 B. T. Hammond Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1933

22. I HEREBY CERTIFY, That I attended deceased from April 20 1933 to April 21 1933  
 I last saw him alive on April 19 1933 Death is said to have occurred on the date stated above, at 2:45 am  
 The principal cause of death and related causes of importance were as follows:  
Sayonara I. Lewis  
Swimmer at home  
 Date of onset ?

Other contributory causes of importance: 4-7-33

Name of operation Renal Tissue Date of July 10 1933  
 What test confirmed diagnosis? \_\_\_\_\_ 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) Frank D. Giff, M. D.  
 (Address) 1010 Medical City

NOV 17 1952