MAY 30 1934

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

Do not use this space.

13942

1. PLACE OF DEATH
County Ray
Township Orrick
City Orrick (No. , St. Ward)
Registration District No. 743
Primary Registration District No. 4445
File No.
Registered No. 7

2. FULL NAME William H 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: Ida Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/30/1859
7. AGE: YEARS 74 MONTHS 10 DAYS 20 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Paul Minn
2

FATHER
13. NAME: Samuel Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minn
2

MOTHER
15. MAIDEN NAME: Demaries Terrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Minn
2

17. INFORMANT (ADDRESS): Mrs Ida Miller Orrick Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE South Point Cemet DATE 4/23 1934
19. UNDERTAKER (ADDRESS): C.V. Gibson Orrick Mo
20. FILED 5-10 1934 J.S. Pate Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/20, 1934
22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1934, to 4-20, 1934
I last saw him alive on 4-20, 1934. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Injury to Abdominal viscera caused by fall over embankment about 14 feet.	
Other contributory causes of importance:	
1860	17

Name of operation: none Date of
What test confirmed diagnosis? ✓ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4-19, 1934
Where did injury occur? 3 miles North of Orrick (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Road
Manner of injury Stumbled & fell over bank
Nature of injury Torn Internal abdom-viscera
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robt. Sheets, M. D.
(Address) Orrick 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.