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.

JAN 16 1935

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

Do not use this space.

42468

1. PLACE OF DEATH
County Davioss
Township
City Gallatin (No. , St. Ward)

Registration District No. 250
Primary Registration District No. 4150

File No.
Registered No. 733

2. FULL NAME Frank 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 1 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1877

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Labor
10. Date deceased last worked at this occupation (month and year) Dec. 1933
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin Missouri

FATHER
13. NAME Morgan Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Sallie Nelson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Emma Miller
(ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Horndon Cemetery DATE Dec. 27, 1934

19. UNDERTAKER Hono Furn. & Undt. Co.
(ADDRESS) Gallatin, Mo.

20. FILED 1-2-, 1934 P. L. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934, to Dec. 25, 1934
I last saw ~~him~~ alive on Dec. 24, 1934. Death is said to have occurred on the date stated above, at 3:30 A M.
The principal cause of death and related causes of importance were as follows:

General Septicemia — Date of onset 10/30/34

Other contributory causes of importance:
Gangrene in left foot and leg. Cause unknown

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify —
(Signed) M. A. Smith, M. D.
(Address) Gallatin Mo