

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

Do not use this space.

43755

JAN 8 1935

1. PLACE OF DEATH

County Monroe
Township Monroe
City _____ (No. _____)

Registration District No. 579
Primary Registration District No. 5776 B

File No. _____
Registered No. 579
St. _____ Ward _____

2. FULL NAME

(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 Maggie Brennan Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/18/1866

7. AGE YEARS 68 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Plains, Mo

MOTHER 13. NAME Jacob T. Miller

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

15. MAIDEN NAME Ludica Smith

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

17. INFORMANT Paul Miller (ADDRESS) Madison, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Plains, Mo DATE Dec 12 1934

19. UNDERTAKER Fred A. Thompson (ADDRESS) Madison, Mo

20. FILED 1710 1934 Fred A. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1934 to Dec 9 1934

I last saw him alive on Dec 7 1934 Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic pneumonia Date of onset 10/9/34
928
1110
Other contributory causes of importance: Metabolic regulation

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Ex. 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? Yes

If so, specify _____ (Signed) _____ M. D.

(Address) Plains, Mo

W.W. Eubank

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.

