

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

Do not use this space.

MAY 19 1937

16062

1. PLACE OF DEATH

24 County Clay Registration District No. 199 File No. 49  
2 Township Fishing River Primary Registration District No. 3011 Registered No. 1  
4 City Excelsior Springs, Mo. (No. Veterans Administration Facility st. 1 3d Ward)

2. FULL NAME David Miller

(a) Residence, No. 342 Shotwell Street, St. Richmond, Missouri, Ward. Richmond, Missouri  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - yrs. - mos. 1 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 Mrs. Emma Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1892.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 6 29

OCCUPATION. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Mining  
10. Date deceased last worked at this occupation (month and year) DEC. 22, 1936 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Elizabeth McGonigle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Missouri

17. INFORMANT Facility records. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE April 10th, 1937

19. UNDERTAKER John C. Prather, (ADDRESS) Excelsior Springs, Missouri.

20. FILED April 12, 1937 Larina Mc Cracker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 19 37 to April 10th, 19 37

I last saw him alive on April 10th, 19 37 Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Fracture of the lower dorsal vertebra with severed cord, complete paralysis from point of injury down, both legs, bladder, rectum, etc. Date of onset 12-22-1936

Other contributory causes of importance: Two large uncerated areas on back

Name of operation None Date of 201/117

What test confirmed diagnosis? Examination 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 Dec. 22, 1936

Where did injury occur? Richmond, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry.

Manner of injury Fall of coal on back.

Nature of injury Fracture of back

24. Was disease or injury in any way related to occupation of deceased? YES.

If so, specify Coal mining.

(Signed) J. Shoemaker, M.D. (Address) V.A.F., Excelsior Spgs., Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

