SEP 15 1937

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

Do not use this space.

29988

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No.

Township Jefferson, — Primary Registration District No. 5017 — Registered No.

City — (No. 6 Mi. No. of St. Joseph, West Savannah Road Ward)

2. FULL NAME Andrew O. Miller,

(a) Residence, No. R.F.D. # 4, Savannah, Mo. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 68 yrs. 10 mos. 6 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: Rosa B. Miller,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 29, 1838

7. AGE: YEARS 68 — MONTHS 10 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm,
10. Date deceased last worked at this occupation (month and year): August 1937.
11. Total time (years) spent in this occupation: 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri,

FATHER

13. NAME: Frederick T. Miller,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): /Callaway County, Missouri,

MOTHER

15. MAIDEN NAME: Christine Kelley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew County, Missouri,

17. INFORMANT (ADDRESS): Mrs. Andrew O. Miller R.F.D. # 4, Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah, Mo. DATE Aug. 7th, 1937

19. UNDERTAKER (ADDRESS): Frank A. Bowman Savannah, Mo.

20. FILED Aug. 7, 1937 Mrs. A. R. King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7.17, 1937, to Aug. 5, 1937
I last saw him alive on 8.3, 1937 Death is said to have occurred on the date stated above, at 9:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

93C

Other contributory causes of importance:
Chronic Myocarditis
General Arterio- Sclerosis

Name of operation ..... 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) Elmer M. Lemmy, M. D.
(Address) 216 phys. & Surg. Bldg. St. Joseph, 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.