

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

Do not use this space.

JAN 25 1938

134

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1. PLACE OF DEATH
County Vernon Registration District No. 870
Township Coal Primary Registration District No. 6152
City Deerfield, Mo. (No. R.F.D.) St. _____ Ward _____

2. FULL NAME Otto E. Miller.
(a) Residence, No. Deerfield, Mo. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Gertrude Miller.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-10-1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>88</u>	<u>8</u>	<u>7</u>	<u>23</u>	

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. At Home

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) Tanna Saxony Germany

FATHER

13. NAME Emmanuel Miller.

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

MOTHER

15. MAIDEN NAME Fredricka Bachardt

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

17. INFORMANT (ADDRESS) Mrs Gertrude Miller Deerfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerfield, Mo. DATE Jan-5-1938

19. UNDERTAKER (ADDRESS) George A. Konantz, Fort Scott, Kansas

20. FILED Jan 7 1937 Mrs. N. B. Premier Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-2-1938 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1937 to Jan-2-1938, 1937
I last saw him alive on Jan-2-1938, 1937. Death is said to have occurred on the date stated above, at 4:00 P.M.
The principal cause of death and related causes of importance were as follows:
myocarditis
Senility
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937
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? 1
If so, specify _____
(Signed) N. B. Premier, M. D.
(Address) Deerfield, Mo.

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

