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.

REC'D JUN 22 1938

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

Do not use this space.

18834

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3029 — Registered No. 1150
City Hannibal (No. 711 Bridge St. Ward)

2. FULL NAME Buddie Eugene Miller 460
(a) Residence, No. 711 Bridge 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14. 1936

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
1	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Hannibal Mo

FATHER
13. NAME James C. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

MOTHER
15. MAIDEN NAME Anna Large
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo Mo

17. INFORMANT (ADDRESS) Mr James Miller 711 Bridge St Hannibal

18. BURIAL, CREMATION, OR REMOVAL
PLACE Riverside Cem. DATE 5/13/38 19

19. UNDERTAKER (ADDRESS) James O'Donnell Hannibal Mo

20. FILED May 14 1938 N C Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 11th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 9th, 1938, to May 11, 1938
I last saw him alive on May 11, 1938 Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:

Miliary tuberculosis and broncho-pneumonia of both lungs

Other contributory causes of importance:
Measles, week previous

Date of onset

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) B. L. Murphy, M. D.
(Address) 113a So. Main St. Hannibal, Mo.