

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Genevieve

Registration District No. 781

File No. 19425

Township

Primary Registration District No. 4467

Registered No.

City St. Marys (No. _____)

St. _____ Ward _____

2. FULL NAME Unborn (Miller)

(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)

Single

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>9</u> hrs. or <u>7</u> min.

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work ✓
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Marys, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Lloyd Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Genevieve Co., Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rosa De Chis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Berry Co., Mo.
(STATE OR COUNTRY)

14. INFORMANT Lloyd Miller
(Address) St. Marys, Mo.

15. FILED 75 1938 W. J. Thomine
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1938

17. I HEREBY CERTIFY, That I attended deceased from May 5 1938 to May 5 1938 that I last saw h. is alive on May 5 1938, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Immature birth; about 7 hrs.

(duration) 15 yrs. 9 mos. 11 ds.
CONTRIBUTORY Unknown
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. A. Wilkens, M. D.

May 6 1938 (Address) St. Marys, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys, Mo. DATE OF BURIAL 5/6 - 1938

20. UNDERTAKER None ADDRESS _____

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

