

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

10651
Do not use this space.

REC'D APR 15 1939

1. PLACE OF DEATH

(a) County Daviess Registration District No. 251
 (b) Township Grand River Primary Registration District No. 5350
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 1 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Robert Tolbert Miller

(a) Residence, No. 460 Daviess Co., Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Adella Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 3, 1867
 7. AGE YEARS 72 MONTHS 1 DAYS 21 If LESS than 1 day, hrs. or min.

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

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

FATHER 13. NAME Orville A. Miller
 14. BIRTHPLACE (CITY OR TOWN) Unknown Tennessee
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Sarah Jane Reed
 16. BIRTHPLACE (CITY OR TOWN) Unknown Missouri
 (STATE OR COUNTRY)

17. INFORMANT Elvin Miller
 (ADDRESS) Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Cemetery DATE Mar. 26, 1939

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. Co
 (ADDRESS) Gallatin, Mo.

20. FILED Mar 26, 1939 Ava Pugh
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1939, to March 22, 1939
 I last saw him alive on March 22, 1939. Death is said to have occurred on the date stated above, at 5:45 PM
 The principal cause of death and related causes of importance were as follows:

Gangrene foot Feb 31
59
 Other contributory causes of importance: Diabetes Mellitus 1935

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. + 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? _____
 If so, specify _____
 (Signed) Floyd E. Nelson, M.D.
Gallatin, Mo. (Address)

RECEIVED

District Health Officer No. 111

District File Number 39-315

Date Filed APR 11 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~only~~

L. O. Richesson

Registered Apprentice No.

working under my personal supervision.

Signed

L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.