

1938 JUL 15 1938

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

22240  
Do not use this space.

1. PLACE OF DEATH *Liberty*

(a) County *Liberty* Registration District No. *372*

(b) Township *Liberty* Primary Registration District No. *5569* Registered No. *1012*

(c) City *Liberty* (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *James William Miller*

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lucy J Miller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 11<sup>th</sup> 1871*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>1</i>	<i>68</i>	<i>4</i>	<i>11</i>	

OCCUPATION

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

FATHER

13. NAME *Geo W. Miller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

MOTHER

15. MAIDEN NAME *Martha Ryan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *Mr Lucy Miller*  
*Mount City Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Liberty* DATE *10/25/39*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *W. H. Crawford*  
*Mount City Mo.*

20. FILED *July 25, 39* *J Cream* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 23, 1939*

22. I HEREBY CERTIFY, That I attended deceased from *April 7, 1938* to *June 23, 1939*

I last saw him alive on *June 22, 1939*. Death is said to have occurred on the date stated above, at *5 a. m.*

The principal cause of death and related causes of importance were as follows:

*Cerebral Hemorrhage*  
*4-7-39*

Date of onset \_\_\_\_\_

Other contributory causes of importance: *82<sup>nd</sup>*  
*Cerebral Hemorrhage*  
*6-18-39*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? *physic* 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) *D. P. Perry* M. D.  
*Mount City Mo*

333 (Address) \_\_\_\_\_

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.

RECEIVED

District Health Officer No. 114

District File Number 739-80

Date Filed JUL 11 1938

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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*W. Crawford*

Licensed Embalmer No. 1824

P. O. Address.....

*Maumet City 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.