

Registration District No. **110A 110A 22 1340** Primary Registration District No. **7-110A** Registrar's No. _____

1. PLACE OF DEATH:
(a) County **PIKE**
(b) City or town **LOUISIANA MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1107 GEORGIAS**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9** (Specify whether
In this community **ENTIRE LIFE** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **PIKE**
(c) City or town **Louisiana MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **1107 GA. ST.** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **IRA HAMILTON MILLER**
3. (b) If veteran, name war **WORLD WAR** **3. (c) Social Security No.** _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6/6** day **June**
year **1940** hour **6** minute **40** **A.M.**

4. Sex **MALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **MARRIED**
6. (b) Name of husband or wife **FLORA NELSON MILLER** **6. (c) Age of husband or wife if alive** **60** years
7. Birth date of deceased **OCTOBER 16 1876**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **63** Months **7** Days **21** If less than one day _____ hr. _____ min.

Immediate cause of death **Suicide by shooting himself with a shot gun**
Due to _____
Due to _____

9. Birthplace **LOUISIANA MO**
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation **PHYSICIAN**

11. Industry or business _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **JAMES E MILLER**
13. Birthplace **UNITED STATES**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY E NELSON**
15. Birthplace **UNITED STATES**
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant's own signature **I. H. Miller Jr.**
(b) Address **Louisiana MO**

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof **June 8 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Place: burial or cremation **Riverside Cem**

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **W. J. Suda**
(b) Address **Louisiana MO**

While at work? _____ (Specify type of place) **5**
(e) Means of injury _____

19. (a) Date received local registrar **6/7/40** (b) **J. Chaley** (Registrar's signature)

23. Signature **Porter Purpin Corcoran** (M. D. or other)
Address **Pauling Green MO** **Date signed** _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give 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
STANDARD CERTIFICATE OF DEATH

State File No. 19227
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 689

Primary Registration District No. 3033

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
JEWENA MOORE

1. PLACE OF DEATH:
(a) County Russell
(b) City or town Louisiana
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Geo Hamilton Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month June day 6 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death suicide by shooting himself with a shot gun
Due to _____

Due to In H. W. office
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature Parton Tompkins (M. D. or other) _____
Address Bowling Green Date signed _____

SUPPLEMENTARY

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-19259