

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.

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FILED AUG 17 1942

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

46 Do not use this space.
24454

1. PLACE OF DEATH
County HOWELL Registration District No. 3-85-1
Township 2nd W.S. Primary Registration District No. 3-5-3-6
City Willow Springs (No. 5066) St. Mo. Ward 28

2. FULL NAME HARVEY EARL MILLER, JR.
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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 (write the word) SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 4th 1941
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
4 20

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) Willow Springs, MISSOURI

13. NAME HARVEY EARL MILLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLOOMSBURG, PENNA.

15. MAIDEN NAME EDITH IRENE ANDY

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLOOMSBURG, PENNA.

17. INFORMANT MRS. HARVEY E. MILLER
(ADDRESS) Willow Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 4-25-1942

19. UNDERTAKER None
(ADDRESS)

20. FILED 4-24-1942 Nanette Ferguson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 24, 1942
22. I HEREBY CERTIFY, That I attended deceased from APRIL 20, 1942, to APRIL 24, 1942.
I last saw h. E alive on APRIL 20, 1942 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:
BRONCHIAL PNEUMONIA (Date of onset)

71.771.0.
Other contributory causes of importance: 101

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) O.E. Baulov (Address) Willow Springs, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 7425-28

Date Filed 8-11-42