

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

Do not use this space.

36244

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.

17 1928

1. PLACE OF DEATH
 County Cass Registration District No. 156
 Township Grand River Primary Registration District No. 4090
 City Harrisonville (St. _____ Ward _____)
 2. FULL NAME William Edgar 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 4 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Belle Miller
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 - 1854
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
73 | 1 | 3 | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 17/18 1927
 17. I HEREBY CERTIFY That I attended deceased from Dec 11 1927 to Dec 18 1927
 that I last saw him alive on Dec 18 1927, and that death occurred, on the date stated above, at 7:50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy

131
8 1/2 Hr (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) David Shong, M. D.
 1218, 1927 (Address) Höiele no

*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 Freeman Cemetery DATE OF BURIAL 12/20 1927
 20. UNDERTAKER Kennelburg Bros ADDRESS Harrisonville Mo.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 10. NAME OF FATHER David Stricker Miller
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pa.
 12. MAIDEN NAME OF MOTHER Lucy Ann Statler
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Pa.

14. INFORMANT Mrs. W. E. Miller
 (Address) Harrisonville Mo.
 15. FILED 12/20 1927 D. S. Shong REGISTRAR

