

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

Do not use this space.

41112

1. PLACE OF DEATH

County Day Registration District No. 744
Township Richmond Primary Registration District No. 3085
City Richmond (No. _____ St. _____ Ward _____)

File No. _____

Registered No. 4

2. FULL NAME

(a) Residence, No. Richmond Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 27 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Melissia Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-18-68

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 8 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

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) Day County
(STATE OR COUNTRY) Missouri

13. NAME Harry Miller

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Maybelle Rustin

16. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

17. INFORMANT Mrs. Melissia Miller
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Spring Slope DATE Dec 17 1933

19. UNDERTAKER E. E. May
(ADDRESS) Richmond Missouri

20. FILED 1-10 1934 E. E. May
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1933, to Dec 15, 1933.
I last saw him alive on Dec 15, 1933. Death is said to have occurred on the date stated above, at 4:20 m.

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

apoplexy
Date of onset _____

Other contributory causes of importance: _____

Name of operation none 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? NO

If so, specify _____

(Signed) E. E. May, M. D.
(Address) Richmond Mo.

