

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

Do not use this space.

41880

1. PLACE OF DEATH

Registration District No. 775
Township St. Francois Primary Registration District No. 6079
City Marion (No. 819) St. Mo. Ward 95

2. FULL NAME

Fenton Henry Miller
(a) Residence, No. Alway St. Mo. Ward 95
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred Always yrs. 6 mos. 10 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 Mrs. Voss - Harbrough Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hr. or min.
47 9 18 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work merchant
(b) General nature of industry, business, or establishment in which employed (or employer) mercantile
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Silver Spring
(STATE OR COUNTRY) St. Francois Co. Mo.

PARENTS

10. NAME OF FATHER Frank Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Metz
(STATE OR COUNTRY) Alsace-Lorraine - France
12. MAIDEN NAME OF MOTHER Rosa Ball
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La.

14. INFORMANT F. S. Voss
(Address) Bonne Terre Mo.

15. FILED 1/9, 1929 REGISTRAR T. C. Son

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 8 - 1929

17. I HEREBY CERTIFY, That I attended deceased from 20 26 1929 to Dec 8th 1929
(that I last saw him alive on Dec 8 - 1929, and that death occurred, on the date stated above, at 10:00 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain Tumor
840 (duration) 3 yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) workman
(duration) 3 yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... X

DID AN OPERATION PRECEDE DEATH... Yes DATE OF Jan 1, 1927

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS... Autopsy & Physical ex
(Signed) A. D. Emmons, M. D.

12-10, 1929 (Address) Bonne Terre Mo.

*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 Buader cemetery - near Villa Minors DATE OF BURIAL Dec 11, 1929

20. UNDERTAKER Berkson Undertaking Co. ADDRESS Bonne Terre, Mo.

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.

JAN 21 1929

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