

REC'D OCT 26 1938

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

33106  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735  
 (b) Township 1 Primary Registration District No. 3034 Registered No. 188  
 (c) City Moberly (d) Street No. Wabash Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 623 PISK Ave St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Elizabeth Miller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14<sup>th</sup> 1875  
 7. AGE YEARS 63 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Engineer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Wabash RR  
 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) Mo

FATHER 13. NAME Nathan Miller

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

MOTHER 15. MAIDEN NAME Emma Clayton

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

17. INFORMANT (ADDRESS) Mrs. Elizabeth Miller Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE Oct 15<sup>th</sup> 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son Moberly, Mo

20. FILED Sept 3 1938 Ethel Blute Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1938, to Sept 29, 1938  
 I last saw him alive on Sept 28, 1938. Death is said to have occurred on the date stated above, at 2:40 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 1934  
Right hemiplegia  
 Other contributory causes of importance: Hypertension 1930

Name of operation None Date of       
 What test confirmed diagnosis? C & P Was there an autopsy? No

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) Max E. Kaise, M. D.  
 (Address) Wabash Emphysis Hospital Moberly, Mo

RECEIVED

District Health Officer No. 10

District File Number 10-38-352

Date Filed 10-8-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Frank D. Hill

Licensed Embalmer No. 3821

P. O. Address 7000 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.