

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

Do not use this space.

41888

PLACE OF DEATH

County St. Francois
Township Banselph
City Desloge, Mo. (No.)

Registration District No. 779
Primary Registration District No. 6024a

File No.
Registered No.
St. Ward)

2. FULL NAME Charles Wayne Miller

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 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) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 4 - 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Common labor
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Elijah Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont no

12. MAIDEN NAME OF MOTHER Mary Hedgecath 12/16, 1929 (Address) Flat River, Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont no

14. INFORMANT Claud Wilkerson (Address) Flat River Mo

15. FILED 12-17-29 R. B. Lester REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15th 1929

17. I HEREBY CERTIFY That I attended deceased from have known case for 3 years past to 19 that I last saw alive on 19 and that death occurred, on the date stated above, at (Attending physician out of country) m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pulmonary tuberculosis
3 1/2 (duration) 7 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Northam, Mo.
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Sp. sputum + X-ray
(Signed) H. M. J. ... (M. D.)

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 Bismarck DATE OF BURIAL Dec 16th 29

20. UNDERTAKER C. J. Boyer ADDRESS Desloge Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important.

94
21
3
6

22

1

21

