

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.

13942

## 1. PLACE OF DEATH

County Ray  
Township Oriskany  
City Oriskany (No.       )

Registration District No. 743  
Primary Registration District No. 4445

File No.         
Registered No. 7 St.        Ward       

## 2. FULL NAME

William H 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isla Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/30/1859</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>10</u>
	DAYS <u>20</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	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) St Paul (STATE OR COUNTRY) Minn.

13. NAME Samuel Miller

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

15. MAIDEN NAME Demarius Terrell

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

17. INFORMANT Mrs Isla Miller (ADDRESS) Oriskany Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE South Point Cem DATE 4/23

19. UNDERTAKER C. V. Hibbard (ADDRESS) Oriskany Mo

20. FILED 5-10, 1934 Registrar Ed. P. St.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-14, 1934, to 4-20, 1934

I last saw him alive on 4-20, 1934. Death is said

to have occurred on the date stated above, at 2 P. m.

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

Injury to Abdominal viscera caused by fall over sawbushes March 14 feet.

Other contributory causes of importance:

1864 1870 1876 1882 1888 1894 1900 1906 1912 1918 1924 1930 1936 1942 1948 1954 1960 1966 1972 1978 1984 1990 1996 2002 2008 2014 2020

Name of operation wire Date of       

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 4-19, 1934

Where did injury occur? 3 miles north of Oriskany (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Road - stumbled & fell over bank

Nature of injury Some internal abdominal viscera

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Robt. Sheets, M. D.

(Signed) Robt. Sheets

(Address) Oriskany Mo

