FEB 21 1929

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

Do not use this space.

40013-a

1. PLACE OF DEATH
County Cooper — Registration District No. 225
Township Boonville — Primary Registration District No. 5306
City ..... (No. ..... St. ..... Ward) — File No. ..... Registered No. 2

2. FULL NAME Arthur Marlin 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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 11-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
			20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) Prairie Home Mo
(STATE OR COUNTRY) .....

PARENTS

10. NAME OF FATHER Kelly Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mamie Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Kelly Miller
(Address) Overton Mo

15. FILED Jan 21, 1929 W E Mosher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-31 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 31, 1928 to Jan 3, 1928 that I last saw h... alive on 12-30, 1928, and that death occurred, on the date stated above, at 3000 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza
IIB
.....
..... (duration) ..... yrs. ..... mos. 7 ds.
CONTRIBUTORY (SECONDARY) 113
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Dr Cochran M. D
1-1, 1929 (Address) Boonville 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: Oakdale Cem
DATE OF BURIAL: 1-1 1929
20. UNDERTAKER: Moore
ADDRESS .....

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.