

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 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

45535

1. PLACE OF DEATH

County *Monterey*
 Township *Salinas*
 City *California* (No.)

Registration District No. *571*
 Primary Registration District No. *H235-*

File No.
 Registered No. *76* St. Ward)

2. FULL NAME

(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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 19 - 1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) *Herrman MO*
 (STATE OR COUNTRY)

13. NAME *Christopher Miller*

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

15. MAIDEN NAME *Don't Know*

16. BIRTHPLACE (CITY OR TOWN) *France*
 (STATE OR COUNTRY)

17. INFORMANT *Edmond Miller*
 (ADDRESS) *Overland mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City of San Jose* DATE *Jan 1937*

19. UNDERTAKER *Hillhaus & Friedmayr*
 (ADDRESS) *California mo*

20. FILED *12-31-1936* *H.R. Pope* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 20*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 24*, 19*32* to *Dec 20*, 19*36*

I last saw him alive on *Dec 20*, 19*36* 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:

Coronary Thrombosis

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) *J. P. Burke Jr.*, M. D.

(Address) *California, mo.*

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