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.

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

Do not use this space.

34739

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9864

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. 5025 N. Union St. ..... Ward)

2. FULL NAME John Andrew, Millichamp.

(a) Residence. (No. 5025 N Union St., 7 Ward. ..... (If nonresident give city or town and State)
(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.

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: Thelma T. Millichamp

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 28. 1894.

7. AGE: 32. Years | Months: 10. | Days: 5. | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

PARENTS

10. NAME OF FATHER: Joseph Millichamp
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Cin, Ohio
12. MAIDEN NAME OF MOTHER: Anna Noonan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

14. INFORMANT (Address): Joseph Millichamp 5025 N. Union

15. FILED NOV - 1 1927 19 Mark Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 3rd. 1927.

17. I HEREBY CERTIFY, That I attended deceased from 1925 Feb 6, 1925, to Nov. 1st, 1927 that I last saw him alive on Nov. 1st, 1927, and that death occurred, on the date stated above, at 9 45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Mesentery
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculosis of Intestine (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Controller Avery Wm

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF 3 Aug 27

WAS THERE AN AUTOPSY? post 3 yrs

WHAT TEST CONFIRMED DIAGNOSIS? non-occurring

(Signed) Robt E Weis, M. D

11/4/27 19 (Address) 400 City Clot Bldg

*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: Valhalla Cem Ohio | DATE OF BURIAL: Nov. 7. 1927

20. UNDERTAKER: Mullen Und Co. | ADDRESS: 5165 Delmar Bl.