

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

Do not use this space.

20510

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3019  
City Independence Mo (No. 102 C, Lynden) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 213 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mr David S. Milne  
(a) Residence No. 102 East Lynden St., \_\_\_\_\_ Ward.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 20 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 Marie Milne  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68      6      10

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

10. NAME OF FATHER David Milne  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York  
Scotland  
12. MAIDEN NAME OF MOTHER Katharine W. Boyd  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland  
Scotland

14. INFORMANT (Address) W. P. Milne  
Samuel J. Jones

15. FILE June 14 1928 t. L. Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928  
17. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* was as follows:  
Coronary Thrombosis  
131  
94 B  
CONTRIBUTORY (SECONDARY) Chronic Intestinal Nephritis

18. WHERE WAS DISEASE CONTRACTED 129 W

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Clarence G. Goff, M. D.  
(Address) Lynden

\*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 DATE OF BURIAL  
C. S. David Wood Lane June 3 1928

20. UNDERTAKER ADDRESS  
Ott Mitchell Ind. Mo

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.

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