

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

Do not use this space.

26154

1. PLACE OF DEATH

County... Stoddard
Township... Liberty
City... (No.)

Registration District No. 838
Primary Registration District No. 60981B

File No. _____
Registered No. 32
St. _____ Ward _____

2. FULL NAME

Ross A Milburn

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mrs R. A. Milburn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 35 (?) (?)

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT C. O. Biggs - Coroner
(Address) Dexter Mo.

15. FILED 7/5/1928 F. LaRue
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-5-1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Killed in automobile accident on highway #60, one half mile east of Essex Mo. Neck broken.
3:10 PM (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) 1880 (duration) _____ yrs. _____ mos. _____ da.

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. Coroners jury.
(Signed) [Signature] Coroner.
, 19 (Address) Dexter 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 Likistan Mo. DATE OF BURIAL 7-6-1928

20. UNDERTAKER C. O. Biggs - ADDRESS Dexter Mo.

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.

