JUN 27 1929

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

Do not use this space.

18854

1. PLACE OF DEATH
County Montgomery
Township Bear Creek
City Prices Branch Mo (No. ..... St. ..... Ward)
Registration District No. 596
Primary Registration District No. 5787B
File No. .....
Registered No. .....

2. FULL NAME William E. Milligan
(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 3 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 29 th 1847

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
81	11	13	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Nashville Tenn.

PARENTS

10. NAME OF FATHER Elihu Milligan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nashville Tenn.
12. MAIDEN NAME OF MOTHER Orlena Elrod
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Nashville Tenn

14. INFORMANT Dennis Milligan
(Address) Brices Branch Mo

15. FILED 5/20, 1929 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/12/29 19

17. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1929, to May 12, 1929, that I last saw him alive on Apr. 26, 1929, and that death occurred, on the date stated above, at 7:00 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Milletus
59
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 57
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
9 DID AN OPERATION PRECEDE DEATH? — DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Milford C. Dayton
, 19 (Address) Bellflower 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: Prices Branch Cemetery
DATE OF BURIAL: 5/14/29 19

20. UNDERTAKER: C. W. Hopkins Montgomery
ADDRESS: City 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.

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