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

Do not use this space.

File No. 33663

Registered No. 4109

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City, Mo (No. 418 W 63rd St. Ward)

2. FULL NAME Mrs. Elizabeth J. Milam
(a) Residence. No. Bevier, Missouri St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	72	5	0	

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

9. BIRTHPLACE (CITY OR TOWN) Montgomery County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER William E McGinnis
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont know
12. MAIDEN NAME OF MOTHER Ellen Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT L. R. Milam
(Address) Bevier, Missouri

15. FILED 10-2, 1929 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from September 28, 1929, to October 1, 1929, that I last saw h. alive on October 1, 1929, and that death occurred, on the date stated above, at 9:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
107A
162
(duration) 0 yrs. 0 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Cause & findings
(Signed) Shelton Coughlin M. D.
10-1, 1929 (Address) 1800 Fed Res Bank 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 Bevier, Mo — DATE OF BURIAL 10/3 1929

20. UNDERTAKER Freeman Mortuary, 104 West 42nd — ADDRESS

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.

Dr O. M. Singleton
1800 Fed. Res. Bk Bldg
2 P.M. Tues.
11 to 1 P.M. Wed.

925 Grand ave