

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.

WITH OBTAINING INTEREST THIS IS A PERMANENT RECORD

C. Baker
 1888 1930

Beginning with J. B. ... MISSOURI STATE BOARD OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF DEATH

Do not use this space.

1560

1. PLACE OF DEATH
 County Jasper Registration District No. 408
 Township E. Jackson Primary Registration District No. 5563a
 City Carthage (No. County Farm) St. _____ Ward _____
 2. FULL NAME James Milam
 (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 yrs. mos. 5 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) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4-1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 0 21
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Common labor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER John E. Milam
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Pelina Angeline Jones
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

14. INFORMANT Jud. Howell
(Address)

15. FILED 1/27 1930 E. H. Ketchum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 25-1930
 17. HEREBY CERTIFY, That I attended deceased from Jan 18 1930, to Jan 27 1930
 that I last saw him alive on Jan 24 1930, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) J. G. Webster M. D.
 , 19 _____ (Address) Carthage 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 County Farm Cem DATE OF BURIAL 1/27 1930

20. UNDERTAKER Blumer-Drake ADDRESS Carthage Mo

