

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

Do not use this space.

~~7478~~ 7491

MAR 28 1930

1. PLACE OF DEATH

County Warren
Township Bridgport
City Warren (No.)

Registration District No. 881
Primary Registration District No. 6172

File No.
Registered No. 7
St. Ward

2. FULL NAME

Margaret-Ruth Millam

(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 16 1930 to Feb 16 1930 that I last saw h. for alive on Feb 16 1930, and that death occurred, on the date stated above, at 7:00 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Supposed Pleurisy Periton
1930

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 19 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 2 27

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic
(Signed) W. A. Ball, M. D.

21. (Address) Jensbury 700
*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.

22. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cem DATE OF BURIAL 2-18 1930

23. UNDERTAKER C. M. Thurman ADDRESS Jensbury

9. BIRTHPLACE (CITY OR TOWN) Warren Co. Mo. (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Clay Millam

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Warren Co. (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Kathryn Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warren Co. Mo. (STATE OR COUNTRY) Mo.

14. INFORMANT Clay Millam (Address) Jensbury Mo

15. FILED Feb 19 30 D. W. Hering REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRING in very important.

W. B.—Every item of information should be carefully supplied.
USE OF DEATH in plain terms, so that it may be understood.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Warren Registration District No. 881 File No. _____
 Township Bridgeton Primary Registration District No. 6172 Registered No. 7
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Margaret Ruth Millam
 (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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (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) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) _____

14. INFORMANT _____
 (Address) _____

15. FILED April 30 A. W. Abelin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/16 1930

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:

Myocardial Infarction
Due to Coronary Artery Disease
 _____ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 175
 _____ (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) _____, M. D.
 _____, 19____ (Address)

*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 _____ 19____

20. UNDERTAKER _____ ADDRESS _____

REG: 'A'S SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-7491