MAR 28 1930

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

Do not use this space.

11501

1. PLACE OF DEATH

County Wayne — Registration District No. 890 — File No.

Township St. Francois — Primary Registration District No. 4539 — Registered No.

City Greenville (No. ..... St. ..... Ward)

2. FULL NAME Jennie Milster

(a) Residence. No. — St. — Ward. Greenville, Mo.
(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. alive born dead 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	Single

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 10 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) Greenville
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Milster

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

12. MAIDEN NAME OF MOTHER Winnie Talley

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

14. INFORMANT
(Address)

15. FILED 3/5, 1930 A. E. Templeton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch 5, 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch 5, 1930, to Mch 5, 1930 that I last saw her alive on Mch 5, 1930, and that death occurred, on the date stated above, at 2 o'clock P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Born too soon

159

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)

— (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? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Mary French Neighbor

, 19 (Address) Greenville, 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	DATE OF BURIAL
Pleasant Valley	3/6 1930
20. UNDERTAKER	ADDRESS
None	—

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.