SEP 22 1930

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

Do not use this space.

26048

1. PLACE OF DEATH

County Callaway — Registration District No. 104 — File No.

Township ~~Fulton~~ — Primary Registration District No. 3008 — Registered No. 185

City Fulton (No. ..... St. ..... Ward)

2. FULL NAME James Milligan

(a) Residence. No. State Hosp #1 St., H-2 Ward. Richmond, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 11 mos. 18 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)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF No information

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	—	—	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railway Conductor

(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) No Information

PARENTS

10. NAME OF FATHER No information

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

12. MAIDEN NAME OF MOTHER No information

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

14. INFORMANT Record of State Hosp. #1
(Address) Fulton, Mo

15. FILED 8-12, 1930 R. N. Creus REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 28, 1930, to Aug. 12, 1930, that I last saw him alive on Aug. 9, 1930, and that death occurred, on the date stated above, at 12:45 AM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility and Heat Exhaustion (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) C. C. Ault, M. D.

, 19 (Address) Fulton, 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
Sunny Slope	Aug 13 1930
20. UNDERTAKER	ADDRESS
A. W. Monsur	Richmond

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.