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

Do not use this space.

41159

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. St. John's Hospital St. ..... Ward)

File No. .....

Registered No. 11823

2. FULL NAME Jennie F. Milligan

(a) Residence. No. 7402 Lyndover Pl. St., 12 Ward. St. Louis Co. 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. 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29 - 1884

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	5	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Morrow Ohio.

PARENTS

10. NAME OF FATHER Wm McDonald.

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

12. MAIDEN NAME OF MOTHER Catherine Daly

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

14. INFORMANT John Milligan
(Address) 7402 Lyndover Pl.

15. FILED 18 1930 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1930 to Dec 16, 1930 that I last saw her alive on Dec 16, 1930, and that death occurred, on the date stated above, at 11.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Caecum (primary)
H6C
122B

..... (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Intestinal obstruction (due to carcinoma of caecum)
..... (duration) ..... yrs. ..... mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 20

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operation

(Signed) Wm P. Glennon, M. D.

Dec 17, 1930 (Address) University Club 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 Calvary Cemetery

DATE OF BURIAL 1/19 1930

20. UNDERTAKER Geoghan Undertaking Co.

ADDRESS 7146 Manchester Ave.

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.