

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.

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

Do not use this space.

## 1. PLACE OF DEATH

21 County Chariton  
Township Missouri  
City Near Dalton

Registration District No. 169  
Primary Registration District No. 5249

File No. 533  
Registered No. 2  
St. \_\_\_\_\_ Ward)

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_  
(Usual place of abode)

St. \_\_\_\_\_ Ward.

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 8-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
13 4 11

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER R.B. Milhail

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

12. MAIDEN NAME OF MOTHER Bonnie Petticoat

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

14. INFORMANT R.B. Milhail  
(Address) Dalton Mo

15. FILED 1/20, 1931 Harry E. Dutton  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-19-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1931, to Jan. 19, 1931, that I last saw her alive on Jan. 19, 1931, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchial Pneumonia

107A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr. O. H. Day, D.O.

1/20, 1931 (Address) Dalton, 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

Dalton Mo

DATE OF BURIAL

Jan 21 1931

20. UNDERTAKER L. W. Keisid

ADDRESS

Mo

