WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 27 1931

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

16902

1. PLACE OF DEATH
County Vernon — Registration District No. 879 — File No. 16
Township — Primary Registration District No. 6161 — Registered No.
City Stotesbury (No. ..... St. ..... Ward)

2. FULL NAME JESSE J. MILLARD.
(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Cora J Millard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7-1872

7. AGE — YEARS: 58 — MONTHS: 8 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming 1
(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) Missouri 1

PARENTS
10. NAME OF FATHER B F Millard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Elizabeth McGinis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Granville Van Meter
(Address) Stotesbury MO

15. FILED 4/29 1931 W A Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 27 1931

17. I HEREBY CERTIFY, That I attended deceased from Apr 25th, 1931, to Apr 27, 1931, that I last saw him alive on Apr 26, 1931, and that death occurred, on the date stated above, at 2-1st a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Aortic Regurgitation
92A
87 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 2 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? Clinical
(Signed) Cora H Allen Jr, M. D.
19 (Address) Hume 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: East Liberty Cemetery — DATE OF BURIAL: Apr 30 1931
20. UNDERTAKER: R. W. McConnell — ADDRESS: Hume Mo