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.

JUL 22 1931

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

Do not use this space.

20728

1. PLACE OF DEATH

County Butler — Registration District No. 9[illegible] — File No.

Township Black River — Primary Registration District No. 5135 — Registered No. 4

City Hendrickson (No. , St. Ward)

2. FULL NAME Charles Wheeler Milster

(a) Residence, No. Hendrickson, Mo. 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 20 1849

7. AGE: YEARS 82 — MONTHS 9 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bookkeeper 251
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation: ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perrcy County Missouri

FATHER

13. NAME: Lawson Milster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Lucy Swan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry County Missouri

17. INFORMANT (ADDRESS): B. A. Milster

18. BURIAL, CREMATION, OR REMOVAL: PLACE Hickman Cemetery DATE June 16th 1931

19. UNDERTAKER (ADDRESS): Greer Undertaking Co. Poplar Bluff, Missouri

20. FILED June 16, 1931 C. C. Gillham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to June 14, 1931

I last saw him alive on May 23, 1931. Death is said to have occurred on the date stated above, at 4:20P m.

The principal cause of death and related causes of importance were as follows:

Ulcers of Stomach — Date of onset

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Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) W. S. Bailey, M. D.

(Address) Poplar Bluff Mo.