

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

Do not use this space.

1002

1. PLACE OF DEATH

County Jackson
Township Ray
City Ray Mo (No. Wesley Hosp.)

Registration District No. 399
Primary Registration District No. 1002

File No. 1002
Registered No. 40
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 300 West Armours St. Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of husband or wife of) A. G. Milligan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
44 yrs 7 mos 15 days

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. office mgr, 53
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Warren Cummings 59
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) Boone Co. Mo.

FATHER
13. NAME J. T. Bradley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

MOTHER
15. MAIDEN NAME Mrs. Brie Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) J. T. Bradley

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 1/7/32

19. UNDERTAKER (ADDRESS) Melody M. Steep

20. FILED Jan 6 1932 Dr. M. M. Crowl Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1932 to Jan 5, 1932. I last saw her alive on Jan 4, 1932. Death is said to have occurred on the date stated above, at 9 a. m. The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Other contributory causes of importance: 56

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) C. E. Jolle, M. D.
(Address) 3542 Main St. E. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement.

0011
3542 Main

