

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township How Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 1715 Montgall) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1257  
 Registered No. 205

**2. FULL NAME**

Rachael Elizabeth Milcox  
 (a) Residence. No. 1818 Montgall St. 11 Ward. \_\_\_\_\_  
 (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 <u>F.</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>H. K. Milcox</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 19, 1855</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>79</u>	<u>0</u>	<u>5</u>	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>sew.</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1932

17. 0 I HEREBY CERTIFY, That I attended deceased from Jan 18, 1932 to Jan 24, 1932 that I last saw him alive on Jan 23, 1932 and that death occurred, on the date stated above, at 8:05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary edema  
111 R  
162 111 R (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. mos. ds.

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

10. NAME OF FATHER Samuel Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jenn.  
 (STATE OR COUNTRY) 2

12. MAIDEN NAME OF MOTHER Nancy Williams

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

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 Phys. signs  
 (Signed) Tom Sawyer, M. D.  
74, 1932 (Address) 1701 Jackson

\*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.

14. INFORMANT Geo. M. Jackson  
 (Address) 6025 Elmwood

15. FILED Jan 24 3 27 M. M. Crowe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Adrian, Mo. DATE OF BURIAL Jan 25 1932

20. UNDERTAKER Six + Creath ADDRESS Adrian, Mo.

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.

