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.

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4
3

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

Do not use this space.

2045

1. PLACE OF DEATH
County Pike
Township Reno
City Frankford Mo. (No. ..... St. ..... Ward)

Registration District No. 688
Primary Registration District No. 4412

File No. .....
Registered No. 3

2. FULL NAME Peter Allen Milam

(a) Residence, No. ..... St., ... 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 30-1870

7. AGE: YEARS 61 | MONTHS 9 | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired.
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): Elklick, Pike Co. Mo

FATHER
13. NAME: Benj. R. Milam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barkersville 2 West Virginia.

MOTHER
15. MAIDEN NAME: Christiann Roberts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Spencerburg Pike Co. Mo.

17. INFORMANT (ADDRESS): Mrs Emma Milam Frankford Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Frankford Co. DATE Jan 6. 1932

19. UNDERTAKER (ADDRESS): E. A. Fields Frankford Mo.

20. FILED Jan 11, 1932 Mattie Unsell. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1932, to Jan 5, 1932
I last saw ~~him~~ alive on Jan 5, 1932. Death is said to have occurred on the date stated above, at 6 50 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) O. W. Snodgrass, M. D.
(Address) Frankford, Mo