

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

Do not use this space.

3574

1. PLACE OF DEATH

County *Wayne*
Township *Milledgeburg*
City *Milledgeburg*

Registration District No. *895*
Primary Registration District No. *6197*

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred *5* 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

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>March 30, 1857</i>				
7. AGE	YEARS <i>80</i>	MONTHS <i>9</i>	DAYS <i>25</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House wife</i>			
	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	

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>
	13. NAME <i>Arthur Wayne</i>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>
	15. MAIDEN NAME <i>Unknown</i>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>
	17. INFORMANT (ADDRESS) <i>John A. Milligan, Milledgeburg</i>
BURIAL, CREMATION OR REMOVAL	18. BURIAL, CREMATION OR REMOVAL PLACE <i>Milledgeburg</i>
	DATE <i>Jan 25, 1932</i>
19. UNDERTAKER (ADDRESS) <i>John A. Milligan, Milledgeburg</i>	
20. FILED <i>Jan 25, 1932</i> <i>John Owens</i> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 24, 1932*
22. I HEREBY CERTIFY that I attended deceased from *Jan 16, 1932* to *Jan 24, 1932*
I last saw her alive on *Jan 24, 1932* Death is said to have occurred on the date stated above, at *11 P.M.*
The principal cause of death and related causes of importance were as follows:

Tumor - and Old age (Abdominal Tumor)
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? *(1)* 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? *No.*
If so, specify _____
(Signed) *W. L. Yeatman*, M. D.
(Address) *Leiper, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 25 1932

Mr James Steward
Jefferson City Mo.

Dear Mr.,

I regret very much that I could not
furnish the desired information, but I
returned the certificate to the attending
physician, Mr Greathouse then of Leeper
Mo. but now of Putnam Mo. and he
returned it saying he did not know.
So I feel that is all I can do.

Yours Respectfully
(Mrs) Inez Owen.
Registra 895.

ated by check marks, lacking from the death certificate:

Name: Emily Jane Millikin

Who died at: Wayne Co. on Jan. 24, 1932,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Tumor and old age
(abdominal tumor,
malignant)

Contributory: _____