

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

Do not use this space.

7135

1. PLACE OF DEATH

108 County Nevada
Township Osage
City Horton (No. _____)

Registration District No. 871
Primary Registration District No. 6135

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

Joseph Millard Milligan
(a) Residence, Horton, Mo. Ward. _____
(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 <u>M</u>	4. COLOR OR RACE <u>W</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>Juda G. Milligan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 12 - 1877</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mail carrier</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>118</u>	
	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) <u>Ill. Ill.</u>		
FATHER	13. NAME <u>Joseph B. Milligan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Howard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. Ill. 31</u>	
17. INFORMANT (ADDRESS) <u>Juda G. Milligan Horton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Horton</u> DATE <u>Feb 14 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Flary Funeral Home Nevada, Mo.</u>		
20. FILED <u>Feb 21 1932 C. T. Messer, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931, to Feb 11 1932

I last saw him alive on Feb 5 1932. Death is said to have occurred on the date stated above, at 8:30 A.M.

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

Other contributory causes of importance:
None

Name of operation Hepatic resection Date of _____
What test confirmed diagnosis? Pathology Was there an autopsy? No

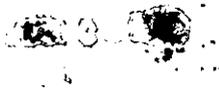
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Arthur H. Altman, M. D.
(Address) Shelton Mo.

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.

FEB 25 1932



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