

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

Do not use this space.

7744

1. PLACE OF DEATH
 County Chariton Registration District No. 176
 Township Summer Primary Registration District No. 4105
 City Summer (No.) St. Ward

2. FULL NAME Moses Massillion Millsap
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No.
 Registered No. 3

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sadie Thomas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 2 1 106

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Foreman R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Section Foreman

10. Date deceased last worked at this occupation (month and year) Oct 1931 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tina mo 10

FATHER 13. NAME William Millsap

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME Frances Godbey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Walter Ward (ADDRESS) Summer mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tina mo DATE Mar 11 32

19. UNDERTAKER W J Thorne (ADDRESS)

20. FILED Mar 10 1932 A R Lewis Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1932 to Mar 8, 1932
 I last saw him alive on Mar 8, 1932 Death is said to have occurred on the date stated above, at 7:15 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 3/8/32
131
800 / 51 (D)
 Other contributory causes of importance:
Hypertension caused by Interstitial nephritis of known 2 year duration
 Name of operation none Date of

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) J. Standley, M. D.
 (Address) Summer 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.

APR 23 1932

