

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

Do not use this space.

23475

1. PLACE OF DEATH

County MONROE
Township CLAY
City..... (No..... St..... Ward.....)

Registration District No. 578
Primary Registration District No. 5782

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

2. FULL NAME

ROBERT EUGENE MILNER

(a) Residence, No..... St..... 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 1ST 1927</u>		
7. AGE	YEARS <u>5</u>	MONTHS <u>2</u>
	DAYS <u>6</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>NONE</u>	
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUL 7 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to July 7, 1932
I last saw him alive on July 5, 1932 Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:
Asphyxia
8.5 85 3
Date of onset

Other contributory causes of importance:
Epilepsy of 3 yrs duration

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
13. NAME	<u>THOS. D. MILNER</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>KY.</u>
15. MAIDEN NAME	<u>MABLE KATE MILLION.</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Mo.</u>
17. INFORMANT (ADDRESS)	<u>Thos. D. Milner</u> <u>HOLLIDAY, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>OAK GROVE CHURCH</u> DATE <u>JUL 8 1932</u>
19. UNDERTAKER (ADDRESS)	<u>Spaul & Blakey</u> <u>PARIS, Mo.</u>
20. FILED	<u>JUL 8 1932</u> <u>Jagom Enser</u> Registrar.

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? NO
If so, specify.....
(Signed) G. R. Turner D. O. M.
(Address) MADISON, 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.

REC 25 1932

MARGIN RESERVED FOR BINDING

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