MAY 22 1933

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

Do not use this space.

12226

1. PLACE OF DEATH
County ADAIR
Registration District No. 4
Township
Primary Registration District No. 3001
City KIRKSVILLE MO (No. 210 S MAIN ST St. Ward)
File No.
Registered No. 85

2. FULL NAME BENJIMAN F MILLAY
(a) Residence, No. 210 S MAIN 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: M
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: MARY FRANCIS MILLAY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): DEC 19th 1852
7. AGE: 80 YEARS, MONTHS: 4, DAYS: 11, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: FARMER, RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: STOCK & GRAIN
10. Date deceased last worked at this occupation (month and year): 5 YEARS
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ADAR CO MO

FATHER
13. NAME: BENJIMAN F MILLAY, S R
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKEY

MOTHER
15. MAIDEN NAME: REBECCA SAMUELS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): KENTUCKEY

17. INFORMANT (ADDRESS): Harold Millay MILAN MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE: FOREST PARK DATE: May 3, 1933
19. UNDERTAKER (ADDRESS): DAVIS & WILSON, KIRKSVILLE MO
20. FILED: May 4, 1933 Mrs C H Becker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): APRIL 30 1933
22. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1933, to Apr 30, 1933
I last saw h..... alive on Apr 30, 1933. Death is said to have occurred on the date stated above, at 8 pm.
The principal cause of death and related causes of importance were as follows:

Date of onset

Strangulated Hernia 1227 1228

Other contributory causes of importance:

1229 Peritonitis

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) Geo N Laughlin, M. D.
(Address) Kirksville 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.