

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

Do not use this space.

32265

1. PLACE OF DEATH 85
 11 County Buchanan Registration District No. 1001
 5 Township St. Joseph, Primary Registration District No. 1001
 2 City St. Joseph, (No. St. Joseph's Hospital, Registered No. 1023
 St. _____ Ward _____

2. FULL NAME Phoebe Blanche Milbourn,
 (a) Residence, No. _____ St. _____ Ward 1/4 M. S. E. Faucett, MO.
 (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 Female 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 John Milbourn,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 5 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
 10. Date deceased last worked at this occupation (month and year) Oct. 14, 1933 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) Amazonia,
 (STATE OR COUNTRY) Missouri,

FATHER
 13. NAME William J. Meeker,

14. BIRTHPLACE (CITY OR TOWN) Andrew county,
 (STATE OR COUNTRY) Missouri,

MOTHER
 15. MAIDEN NAME Margaret Howe,

16. BIRTHPLACE (CITY OR TOWN) Amazonia,
 (STATE OR COUNTRY) Missouri,

17. INFORMANT John Milbourn
 (ADDRESS) R. F. D. # 1, Faucett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, DATE Oct. 16th, 1933

19. UNDERTAKER Hester Belsol, Bowman
 (ADDRESS) 319 So. 10th St. Funeral Home

20. FILED 10-16-33 1933 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th 1933, to Oct 14th 1933
 I last saw her alive on Oct 14th 1933. Death is said to have occurred on the date stated above, at 3:15 p. m.
 The principal cause of death and related causes of importance were as follows:

Perniciou anemia
Primary
71A 17/33
 Other contributory causes of importance: no

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. M. Starnes, M. D.
 (Address) 2624st Joseph, 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.

NOV 18 1933

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