

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.

JAN 26 1934

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

Do not use this space.

39669

1. PLACE OF DEATH
 County Keosauqua Registration District No. 288
 Township 2nd Primary Registration District No. 4172
 City Kennett, Mo. St. _____ Ward) _____

2. FULL NAME James M. Milburn
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stella Milburn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>2</u>	<u>—</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME J. M. Milburn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Stella West

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

17. INFORMANT Burl Milburn
 (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 12-24-33

19. UNDERTAKER Lambert
 (ADDRESS) Kennett Mo

20. FILED 12/27, 1933 Wheeler Dorco
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1933, to Dec 22, 1933
 I last saw him alive on Dec 22, 1933. Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 108

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? Yes
 If so, specify _____
 (Signed) J. P. Reibow, M. D.
 (Address) Kennett Mo

