

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

Do not use this space.

7.20

MAY 25 1934

File No. 12219  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
County Chariton Registration District No. 176  
Township Cunningham Primary Registration District No. 5-244  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Scott Milford  
(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**

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Milford  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1847  
7. AGE YEARS 86 MONTHS 3 DAYS 27  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Jenneyville, Arkansas

13. NAME Tom Milford

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

15. MAIDEN NAME Calizabath Chappell

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

17. INFORMANT Miss Effie Milford  
(ADDRESS) Sumner, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE 2007, Sumner, Mo. DATE Apr. 17, 1934

19. UNDERTAKER A. J. Shoup  
(ADDRESS) 233 S. Main, Sumner, Mo.

20. FILED 4/16 1934 C. R. Deur's  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/15 1934  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1930, to Apr 15, 1934  
I last saw him alive on Apr 4, 1934. Death is said to have occurred on the date stated above, at 7:20 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance:  
Senility  
Arterio Sclerosis

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) M. J. Handy, M. D.  
(Address) Sumner, Mo

N. B.—Every item of information should be carefully supplied. AGE shown on stated EXACTLY. OCCUPATION shown in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

