

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

Do not use this space.

19340

1. PLACE OF DEATH

County Dont Registration District No. 266
Township Spring Creek Primary Registration District No. 3370
City (No. _____) St. _____ Ward _____

2. FULL NAME

James B. Millsap
(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 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF <u>Sarah Millsap</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19 - 1857</u>		
7. AGE <u>78</u>	YEARS <u>0</u>	MONTHS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>		
13. NAME <u>Dont Know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>		
15. MAIDEN NAME <u>Sarah Phillips</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT <u>J. B. Millsap</u> (ADDRESS) <u>Springfield Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New York</u> DATE <u>6/25</u> 19 <u>35</u>		
19. UNDERTAKER <u>H. D. Johnson</u> (ADDRESS) <u>Salem Mo.</u>		
20. FILED <u>6/28/35</u> 19 <u>35</u> <u>H. B. Ridd</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/27 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935, to June 26, 1935.
I last saw him alive on June 25, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Myocarditis
Date of onset 1935

Other contributory causes of importance: Nephritis 1929

Name of operation None Date of _____
What test confirmed diagnosis Chand. Light Is there an autopsy? _____

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? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

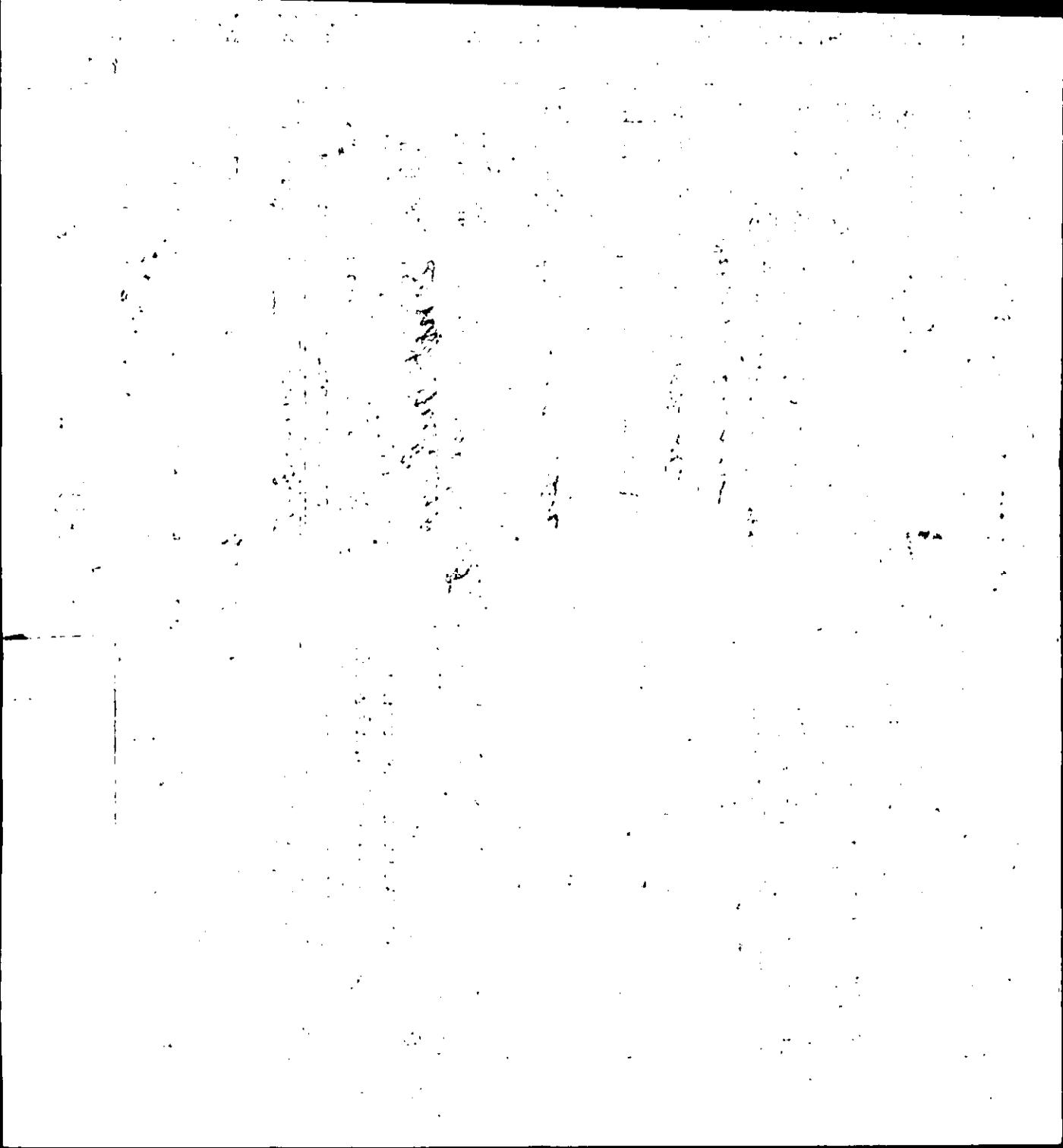
Manner of injury home
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D. J. Dileon, M. D.
(Address) Salem Mo

JUL 20 1935

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.

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

ALL INFORMATION CALLED
FOR MUST BE SUBMITTED ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Deer Registration District No. 266
Township Spring Creek Primary Registration District No. 5370
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 37

2. FULL NAME

James B. Millsap
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

21. DATE OF DEATH MONTH, DAY, AND YEAR 6/27 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED 6/28 1937

W. G. Kudd
Registrar

Date of onset _____
Other contributory causes of importance: neuropathic (chronic)

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) W. G. Willson, M. D.
(Address) Salem Mo.

Exact statement of OCCUPATION is very important.

APR 6 1963

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