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.

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

DEC 19 1935

Do not use this space.

36624

54

1. PLACE OF DEATH
County: Livingston — Registration District No.: 508 — File No.:
Township: — Primary Registration District No.: 3026 — Registered No.: 145
City: Chillicothe (No. , St. Ward)

7

2. FULL NAME: John Edward Milbank
(a) Residence, No.: Chillicothe, Mo 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6, 1935

7. AGE — YEARS: — MONTHS: — DAYS: I — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Chillicothe, Mo.

FATHER
13. NAME: John Palmer Milbank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chillicothe, Mo.

MOTHER
15. MAIDEN NAME: Clara Demeter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon, MO.

17. INFORMANT (ADDRESS): John Palmer Milbank, Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgewood DATE: Nov. 8, 1935

19. UNDERTAKER (ADDRESS): Jas. D. Gordan, Chillicothe, Mo

20. FILED: Nov. 8, 1935 Howell M. Darnell M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from II - 6, 1935, to II - 7, 1935
I last saw him alive on II - 7, 1935. Death is said to have occurred on the date stated above, at 7 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Morbus Caeruleus	

Other contributory causes of importance:

Name of operation: 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? 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) Reuben Barney, M.D., M. D.
(Address) Chillicothe, Mo.