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

Do not use this space.

38240

DEC 20 1935

1. PLACE OF DEATH
County Saline — Registration District No. 801 — File No.
Township — Primary Registration District No. 4480 — Registered No. 26
City Sweet Springs Mo (No. , St. Ward)

2. FULL NAME Marion Wesley Milton
(a) Residence, No. 206 South Locust St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude Milton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 14-1894
7. AGE: YEARS 41 — MONTHS 4 — DAYS 9 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Shop
10. Date deceased last worked at this occupation (month and year) Sept 26-1935
11. Total time (years) spent in this occupation 3 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Ind.

FATHER
13. NAME: A W Milton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER
15. MAIDEN NAME: Ida Belle Beaman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Mrs Gertrude Milton Sweet Springs Mo
18. BURIAL, CREMATION, OR REMOVAL: Fairview Cemetry
PLACE Sweet Springs Mo DATE November 23, 1935
19. UNDERTAKER (ADDRESS): Jesse Harvey Sweet Springs Mo
20. FILED Nov 23, 1935 Rose C. Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1935

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest 19, to Nov. 23, 1935
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 12 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

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?
If so, specify
(Signed) C. L. Lawless Coroner, M. D.
(Address) Mass Hall Mo.