APR 15 1936

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

Do not use this space.

9213

1. PLACE OF DEATH
County Benton — Registration District No. 61 — File No.
Township ~~St.~~ Town — Primary Registration District No. 5096 — Registered No. 14
City (No. St. Ward)

2. FULL NAME Melba Lucile Milam.
(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-28-1936

7. AGE: YEARS ~~1936~~ MONTHS ~~Feb~~ DAYS ~~28~~ 12 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: B. C. Milam
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Warsaw
12. MAIDEN NAME OF MOTHER: Opal M Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Bert Milam
(Address) Warsaw Mo

15. FILED 3/11, 1936 Jas A Logan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 11 1936

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1936 to Mar 11, 1936 that I last saw her alive on Mar 10, 1936, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia (Grippy cold) Bronchial 11 W
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) —
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J R Smith, M. D.
Mar 11 1936 (Address) Warsaw

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: National Remedy — DATE OF BURIAL: Mar 12 1936

20. UNDERTAKER: None. — ADDRESS

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.