APR 20 1936

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

Do not use this space.

10416

1. PLACE OF DEATH

County: Jackson — Registration District No. 396 — File No.
Township: ~~Fort Osage~~ — Primary Registration District No. 423 — Registered No. 5
City: Buckner (No. ..... St. ..... Ward)

2. FULL NAME Mary Jane Milligan

(a) Residence, No. ..... Buckner Mo. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 3, 1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
67	11	14	

OCCUPATION

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

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) Iowa

FATHER

13. NAME John White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER

15. MAIDEN NAME Elizabeth Westmorland

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

17. INFORMANT (ADDRESS) Elizabeth Milligan

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Buckner Cemetery DATE 1/19/1936, 19

19. UNDERTAKER (ADDRESS) Vernon M. Reppert, Buckner, Missouri

20. FILED 4-10, 1936 N. L. Ravenscroft Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17/1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1936, to Jan 17, 1936, that I last saw him alive on Jan 16, 1936. Death is said to have occurred on the date stated above, at 3 p.m.

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

	Date of onset
Mitral Regurgitation	Unknown Months

Other contributory causes of importance:

Name of operation none Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John W. Robertson, M. D.

(Address) Buckner, Mo.

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.