

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

Do not use this space.

SEP 29 1936

30891

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1009

City Kansas City Mo. (No. 45th & State Ave)

File No. _____

Registered No. 2687

St. _____ Ward) _____

2. FULL NAME

William Wyatt Millikan

(a) Residence, No. 418 So. Adams - 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19____, to____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1906

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 30 6 3

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 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) Aug 6 - 36 11. Total time (years) spent in this occupation. 10 yrs

Other contributory causes of importance: Wrist fracture

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. E. Mo.

Name of operation no Date of _____

FATHER 13. NAME Wm Millikan

What test confirmed _____ Was there an autopsy? no

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 8-7, 1936

MOTHER 15. MAIDEN NAME Lillie Curtis

Where did injury occur? Kan. Cas (Specify city or town, county, and State)

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

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

17. INFORMANT (ADDRESS) Jesse Millikan

Manner of injury Auto accident

18. BURIAL, CREMATION, OR REMOVAL Adams Grove DATE 8-11-36

Nature of injury in other car

19. UNDERTAKER (ADDRESS) C. O. Carson Funeral Home Inc

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

20. FILED Aug 10 1936 M. M. Brown

If so, specify _____ (Signed) J. Newby, M. D. (Address) 1217 N. 11th

Registrar.

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.

