

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

Do not use this space.

JAN 29 1937

40723

1. PLACE OF DEATH

County Clay Registration District No. 200
Township Keary Primary Registration District No. 4120
City Keary (No. _____) St. _____ Ward _____

File No. _____
Registered No. 18

2. FULL NAME

Zenas Frank Milbourne
(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 66 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ezora Milbourne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 1848</u>				
7. AGE	YEARS <u>88</u>	MONTHS <u>4</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>			
	13. NAME <u>Joseph Milbourne</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
17. INFORMANT (ADDRESS) <u>Mrs Lucile Reese</u> <u>Keary, Clay Co. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Keary Mt. Cemetery</u> DATE <u>Nov 28 1936</u>				
19. UNDERTAKER (ADDRESS) <u>C. W. Sessel</u> <u>Keary, Mo.</u>				
20. FILED <u>11/28 1936</u> <u>Pharah Smith</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Nov 27, 1936
I last saw him alive on Nov 27, 1936. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:
Cardiac Decompensation
Broncho Pneumonia

Date of onset	<u>11-5-36</u>
	<u>11-23-36</u>

Other contributory causes of importance:
Hypertension 1910
Arterio Sclerosis 1910

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) N. R. Schuhmacher, M. D.
(Address) Keary, Mo.

DEC 8 1947