

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 31 1937

28486

1. PLACE OF DEATH

County Scottland
Township South Hill
City Butledge (No.)

Registration District No. 811
Primary Registration District No. 4489

File No.
Registered No. 6
St. Ward)

2. FULL NAME

Florence Millburn

(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 Female 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 2

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) West Virginia

13. NAME Van Coggman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Star

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

17. INFORMANT (ADDRESS) Juanita Dennis Butledge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Butledge DATE July 6 1937

19. UNDERTAKER (ADDRESS) Bailey Und Co. Butledge Mo

20. FILED July 6 1937 Mary Lee Hurme Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1936 to 7/4, 1937
I last saw h.p.m. alive on 7/4/37, 1937 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Acute Endocarditis Date of onset 7/4/37

Other contributory causes of importance: None

Acute Nephritis

Name of operation Date of
What test confirmed diagnosis Dr. Sym 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) Eugene Dennis M. D.
(Address) Butledge Mo

