

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125File No. 30338Township 1 CPrimary Registration District No. 3009Registered No. 267City Cape GirardeauST. Francis Hosp. St.

Ward

2. FULL NAME JACKIE WILLIAM M^c MILLON

(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 male4. COLOR OR RACE white

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) JAN 26 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

72

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.

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) Chaffee Mo.

MOTHER

13. NAME The Herbert M^c Millon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Standard Co Mo15. MAIDEN NAME Ruth Bryant16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co Mo17. INFORMANT Mrs. W. M. Millon(ADDRESS) Chaffee Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Burial CemDATE Aug 29, 193719. UNDERTAKER B. Springhall & Hubbers(ADDRESS) Chaffee Mo20. FILED 8-29-37 J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 193722. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1937, to Aug 28, 1937I last saw him alive on Aug 28, 1937 Death is saidto have occurred on the date stated above, at 4:25 p.m.

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

Supplais fever

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Micro 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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) D. B. Blood

M. D.

(Address) Cape Girardeau 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.

