SEP 20 1937

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

Do not use this space.

Eubank

1. PLACE OF DEATH
County Jackson — Registration District No. 403 — File No. 30896
Township Brooking — Primary Registration District No. 5557 — Registered No.
City Hickman Mills (No. RFD. St. Ward)

48

2. FULL NAME Jesse J. Milam
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Fannie Milam
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1875
7. AGE YEARS 62 MONTHS 3 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 1937
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Summit Mo

FATHER
13. NAME M. D. Milam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va

MOTHER
15. MAIDEN NAME Mollie Wheat
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va

17. INFORMANT (ADDRESS) Mrs Fannie Milam Hickman Mills Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ Hollywood Cem. Oak grove DATE 8-6-37
19. UNDERTAKER (ADDRESS) R B Webb Bluesprings Mo
20. FILED 8-5 1937 D M Eubank Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Aug 4 '37
Other contributory causes of importance:	
Arterio-sclerosis	1935

94a

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A G Swaney, M. D.
(Address) Deputy Coroner Lee's Summit, 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.