

OCT 18 1937

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

Do not use this space.

33902

1. PLACE OF DEATH

County Carroll  
Township Jackson  
City Jackson (No.         )

Registration District No. 144  
Primary Registration District No. 22071

File No.           
Registered No.         

2. FULL NAME

(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
67 11 9

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)          11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee

13. NAME John Millison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Tennessee

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Jollie Millison

18. BURIAL, CREMATION, OR REMOVAL PLACE Elginore Mo DATE 9-27-37

19. UNDERSTANDER (ADDRESS) Sexton, L. G. Moss

20. FILED Oct 8 1937 Pearl Brooks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-17 1937 to 9-21 1937

I last saw him alive on 9-17 1937 Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:

Malignancy of Stomach Date of onset 1933

Other contributory causes of importance: Asthma

Name of operation Stomach Date of         

What test confirmed diagnosis?          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) J. H. Burton M. D.  
Jan Burton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2231

