NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline — Registration District No. 1931 — File No. 38882

Township Elmwood — Primary Registration District No. 6036 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jason Arthur Millard

(a) Residence, No. 864 South English St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1918

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
37	19	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Wisconsin

FATHER

13. NAME Eugene Arthur Millard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER

15. MAIDEN NAME Lottie Holman

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

17. INFORMANT (ADDRESS) Eugene Millard Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem. DATE Oct. 5th 1937

19. UNDERTAKER (ADDRESS) T. P. H. Campbell Marshall, Mo.

20. FILED Oct. 10, 1937 Minnie Cavitt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3, 1937

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest Oct. 3, 1937, to —, 19..

I last saw h✓ alive on ✓, 19.. Death is said to have occurred on the date stated above, at 12 34 A.m.

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

Thoracic cavity was crushed by the overturning of an automobile — Accidental

Date of onset

Other contributory causes of importance: ✓

Name of operation ✓ 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? Accident Date of injury Oct 3, 1937
Where did injury occur? Saline County Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ✓ Public
Manner of injury Car turned over
Nature of injury Thoracic cavity crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ✓

(Signed) B. C. Bradshaw, M. D.
(Address) Arrow Rock Mo. Corner of Saline County

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