

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Washington Primary Registration District No. 001
 City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. 2037
 Registered No. 15

2. FULL NAME

(Infant) Rose Milliken
 (a) Residence, No. 3013 N. 6th 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 17, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 18

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. Data 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) St. Joseph, Mo

13. NAME MARVIN A. MILLIKEN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KEOKUK COUNTY IOWA

15. MAIDEN NAME LENA K. FUNKHAUSER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ANDREW COUNTY, Mo.

17. INFORMANT (ADDRESS) MR. AND MRS. MARVIN MILLIKEN 3013 N. 6th St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND Cem. DATE JAN. 7, 1938

19. UNDERTAKER (ADDRESS) FLEEMAN AND SON INC 1946 CALHOUN St. Joseph, Mo

20. FILED Jan. 6, 1938 F. J. Neff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1938, to Jan 5, 1938.
 I last saw her alive on Jan 5, 1938. Death is said to have occurred on the date stated above, at 1201 E.

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

Pneumonia - Bilateral Acute Date of onset 4 days

Other contributory causes of importance: 105

Name of operation Emergency Date of _____
 Was there an autopsy? no

23. (If death was due to external causes (violence), fill in also the following: Accidents, 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.

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) _____, M. D.

(Address) Welfare Board

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.

