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.

REC'D MAR 22 1938

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

Do not use this space.

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1. PLACE OF DEATH
County: Iron
Township: Little Marais
City: Caruthersville (No. ..., ... St. ... Ward)
Registration District No. 651
Primary Registration District No. 4388
File No. 7687
Registered No. 20

2. FULL NAME: Joseph Earl Milliken 4.25
(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: Male
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): January 28, 1938

7. AGE: Years 0 | Months 0 | Days 15 | If LESS than 1 day, ... hrs. or ... min.

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): Caruthersville Missouri

FATHER
13. NAME: Claud Milliken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ Missouri

MOTHER
15. MAIDEN NAME: Lillian McClaur
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ Tennessee

17. INFORMANT (ADDRESS): Claud Milliken Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Caruthersville, Mo. DATE: 2/14, 1938

19. UNDERTAKER (ADDRESS): La Forge Und. Co. Caruthersville, Missouri

20. FILED: March 5, 1938 Eda Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 13, 1938 3:15 A.M.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1938, to Feb. 13, 1938
I last saw him alive on Feb. 12, 1938. Death is said to have occurred on the date stated above, at 3:15 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	2-10-38

DNR

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

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. R. Pinion, M. D.
(Address) Caruthersville, Mo.

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