

REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14366

Do not use this space.

1. PLACE OF DEATH

- (a) County Clay Registration District No. 198
 (b) Township Sichemg River Primary Registration District No. 3011 Registered No. 60
 (c) City Excelsior Springs (d) Street No. 107 Farris St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- Caldonia J. Millard 1123
 (a) Residence, No. 107 Farris St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5-1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 9 17

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 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) Tenn

- FATHER 13. NAME James Brackett

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

- MOTHER 15. MAIDEN NAME Elizabeth Neil

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

17. INFORMANT Mrs W. C. Harrison
 (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin Mo. DATE 4-23-38

19. FUNERAL DIRECTOR John C. Bratter
 (ADDRESS) Excelsior Springs Mo.

20. FILED Apr 23, 1938 Cornea M. Creek
 Local Registrar. 190

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1938 to April 22, 1938
 I last saw h. x alive on April 22, 1938 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Coronary Thrombosis

Date of onset

9/13
Mrs

Other contributory causes of importance:

Arteriosclerosis

Name of operation physic Date of physic

What test confirmed diagnosis? physic Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) J. M. Cracker, M. D.

(Address) Excelsior Springs Mo

MASS. REG. OF
EMBALMERS

PROBATION

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

14366
Do not use this space.

1. PLACE OF DEATH

(a) County Way Registration District No. 196
(b) Township _____ Primary Registration District No. 2211 Registered No. _____
(c) City Excelsior Spgs (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Caldonia J Millard
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1938

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 9 19

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Other contributory causes of importance:

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Apr 23, 1938 Lorina McCracken Local Registrar

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?
If so, specify _____

(Signed) J.R. McCracken, M. D.
(Address) Excelsior Spgs Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

