JUN 20 1938 REC'D JUL 7 1938

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

Do not use this space.

File No. 22990

Registered No. 1053

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 784

Township: Carondelet — Primary Registration District No. 200

City: ~~Jefferson Barracks~~ (No. Veterans Hospital #92. St. ..... Ward) 450

2. FULL NAME Morris MILNE

(a) Residence, No. 1206 Hamilton Ave., St., Ward. St. Louis, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Estell Milne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	2	8	

OCCUPATION

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

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) Salina County, Missouri 0

FATHER

13. NAME James Milne 4

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Scotland 1

MOTHER

15. MAIDEN NAME Emma Clendenin

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

17. INFORMANT (ADDRESS) Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE June 22/38, 19

19. UNDERTAKER (ADDRESS) Joe Clark, 1125 Hodiamont Ave.,

20. FILED 6-20, 1938 T. R. Meyer, M.D., Dr. P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1938, to June 18, 1938

I last saw him alive on June 18, 1938. Death is said to have occurred on the date stated above, at 1.12P m.

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

	Date of onset
Arteriosclerosis, generalized;	
myocardial insufficiency congestive	
type of cardiac failure, with hyper-	
trophy and dilatation.	Unkn.

Other contributory causes of importance:

Diabetes Mellitus 59	Unkn.

Name of operation None Date of

What test confirmed diagnosis? Pov. clinical manif. and laboratory 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? .....

If so, specify .....

(Signed) C. W. Hughes C. W. HUGHES, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, Mo.

B.C.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

X9314

I hereby certify that the body whose name is recorded on the reve
side of this certificate was embalm by me Jos. W. Clark,

Jos. W. Clark.
#1661.
1125 Hadiamont Ave.
St. Louis, Mo.