

REC'D JUN 14 1939

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

18864
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 302
(b) Township Sni-a-bar Primary Registration District No. 5551A Registered No. _____
(c) City Oakland Church Community St. _____
5 mi south of Buckner Mo. 14 (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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME U.S. Otis Elbert Milam

(a) Residence, No. RR Buckner Mo. 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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
WIFE OF Mrs. Ethel Rider Milam
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9. 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 6 26
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm hand
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

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

FATHER 13. NAME Otis E. Milam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER 15. MAIDEN NAME Lula Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aulville Mo.

17. INFORMANT (ADDRESS) Mrs. Ethel Rider Milam
Buckner Mo. RR no. 1.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem. DATE June 7 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) V. M. Reppert
Buckner Mo.

20. FILED June 12 1939 7. W. Tuttle M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/5 1939
22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____
I last saw him _____ 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:

Coronary Sclerosis
Coronary Occlusion
Date of onset _____
Other contributory causes of importance: 946

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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. H. [Signature] M. D.
257 (Address) _____

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.

DEC 15 1957

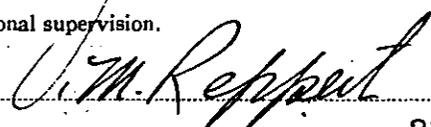
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

V.M. Reppert, or by

Registered Apprentice No....., working under my personal supervision.

Signed.....



Licensed Embalmer No. 2321

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.