

REC'D JUN 14 1939

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

19283
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 593
 (b) Township Danville Primary Registration District No. 4257
 (c) City Near New Florence Mo (d) Street No. 5782 B St.
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minnie May Millam

(a) Residence, No. "Farm" Near New Florence 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 th 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
57 4 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 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) Near Danville Mo (STATE OR COUNTRY) 0

FATHER 13. NAME Monroe Bryant 0

14. BIRTHPLACE (CITY OR TOWN) Warrenton Mo (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Sarah Bethel

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

17. INFORMANT G.K. Millam (ADDRESS) New Florence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Florence Cem DATE 5/25/39

19. FUNERAL DIRECTOR (NAME) C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED 6/10 19 39 James O. Nelson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23/39 19

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1939, to May 23, 1939

I last saw her alive on May 22, 1939 Death is said to have occurred on the date stated above, at 6:30pm

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

Diabetis
Gangrene right leg upper third
Nephritis, parenchymatous
 Other contributory causes of importance:
Tumor, finroid, uterus

Date of onset

1927

6/10/39

Name of operation Date of
 What test confirmed diagnosis? Lab. 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? No
 If so, specify

(Signed) Bruce Menefee, M. D.
 (Address) Montgomery City, Missouri

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.

THIS IS A PERMANENT RECORD

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, on the 23 rd
day of May 1939 or by

Registered Apprentice No., working under my personal supervision.

Signed


.....
Licensed Embalmer No. I487

P. O. Address Montgomery City Mo

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.