

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

21740  
 Do not use this space.

REC'D JUL 11 1939

**1. PLACE OF DEATH**

(a) County Cape Girardeau Registration District No. 125  
 (b) Township St. Francis Hospital Primary Registration District No. 3009 Registered No. 233  
 (c) City Cape Girardeau (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** 457 Edgar Milliano

(a) Residence, No. \_\_\_\_\_ St.  PERRYVILLE, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 (OR) WIFE OF Cora Milliano  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1886  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
52 9 20

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. Farmer  
 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) Perry Co. Mo.

FATHER 13. NAME Isaac Milliano  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

MOTHER 15. MAIDEN NAME Hattie Nation  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo.

17. INFORMANT Cora Milliano  
 (ADDRESS) McBride Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville Mo. DATE July 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Young & Sons Perryville Mo.

20. FILED 7-1, 1939 J. M. Thompson Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from 6/26, 1939, to 7/1, 1939  
 I last saw him alive on 7/1, 1939. Death is said to have occurred on the date stated above, at 7:30 P. M.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Rt. Date of onset 6/26/39  
g. H.

Other contributory causes of importance:  
Pneumo Pneumonia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? all 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) D. B. Blood, M. D.  
 (Address) Cape Girardeau Mo.

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.

**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, .....

..... or by .....

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

Signed.....

Licensed Embalmer No. *2138*

P. O. Address *Providence, 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.**