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.

I X16605

850 NOV 14 1939

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

36695
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi 2 Registration District No. 5669

(b) Township ~~Tywappity~~ Ohio 1 Primary Registration District No. 5762 Registered No. 109

or

(c) City ~~Near Wyatt~~ (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 435 Leona Milton

(a) Residence, No. Wyatt, Mo Box 803 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 10, 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	19	11	8	

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. School Girl

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) Blaine, Mississippi

FATHER

13. NAME Rivers Willie Milton,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sunflower County, Mississippi

MOTHER

15. MAIDEN NAME Maggie Sneed,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wynona, Mississippi

17. INFORMANT (ADDRESS) Rivers Willie Milton, Wyatt, Mo Box 803

18. BURIAL, CREMATION, OR REMOVAL Charleston, Missouri

PLACE Oak Grove Cem DATE 10/19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lair-Nunnelee Charleston, Mo

20. FILED 10-23-1939 F S Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/18/1939, 19

22. I HEREBY CERTIFY, That I attended deceased from on Jan 16, 1939, to ....., 19....

I last saw her FR alive on 1/16, 1939. Death is said to have occurred on the date stated above, at 6:30p.

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

	Date of onset
Pulm Tuberculosis	DK

Other contributory causes of importance: 2

Name of operation none Date of .....

What test confirmed diagnosis? Cl. Sympt 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) E. Chas Rolming, M. D.

(Address) Charleston Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 139-298
Date Filed 11-1

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 E. E. Nunnelee

Licensed Embalmer No. 4068

P. O. Address Charleston, 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.