

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.

FILED APR 18 1940

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

11062
Do not use this space.

1. PLACE OF DEATH
 (a) County Grundy Registration District No. 328
 (b) Township Trenton Primary Registration District No. 5459 Registered No. _____
 (c) City TRENTON (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 10 yrs. - mos. - ds. (f) How long in U.S., if of foreign birth? . yrs. mos. ds.

2. PRINT FULL NAME CHARLES ALVIN MILLIGAN
 (a) Residence, No. RFD #7 TRENTON MISSOURI 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 4, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY,hra. ormin.
	<u>74</u>	<u>6</u>	<u>24</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) Jan 2, 1940
 11. Total time (years) spent in this occupation 74

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norton, Iowa

FATHER
 13. NAME Robert Milligan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Pennsylvania

MOTHER
 15. MAIDEN NAME Rarah Huff
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian, Michigan

17. INFORMANT (ADDRESS) Mrs J. E. Conrath, Trenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wade Grove, Trenton, Mo. DATE Jan 8th, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Linnell, Trenton, Mo.

20. FILED 1-7-40 Irene D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1940

22. I HEREBY CERTIFY That I attended deceased from Visual loss of body as 19....
 I last saw h. at home, 19.... Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:
Not coming up to care of death for that I was pursuing work
 Date of onset 15-40

Other contributory causes of importance:
Had influenza for about a week

Name of operation None Date of _____
 What test confirmed diagnosis? None 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) J. E. Conrath, M. D.
 (Address) Trenton, Mo.

RECEIVED
District Health Officer No. 11,
District File Number 446-577
Date Filed APR 13 1940

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 Robert B. Davis

Registered Apprentice No. 212, working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Fenton, 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.