

21 1940

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

26025
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 696
(b) Township Carroll Primary Registration District No. 5924
(c) ~~City R. F. D. Platte City~~ 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 Ivy Grace Milligan

(a) Residence, No. R. F. D. Platte City, 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5, 1940
7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, 6 hrs. or 6 min.

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

12. BIRTHPLACE (CITY OR TOWN) Platte County, Mo. (STATE OR COUNTRY) 0

FATHER 13. NAME Madison E. Milligan 14. BIRTHPLACE (CITY OR TOWN) Norfolk, Nebr. (STATE OR COUNTRY) 0

MOTHER 15. MAIDEN NAME Ivy Grace Jantzen 16. BIRTHPLACE (CITY OR TOWN) Parkville, Mo. (STATE OR COUNTRY)

17. INFORMANT Madison B. Milligan (ADDRESS) RFD Platte City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond, Mo. DATE July 6, 1940

19. FUNERAL DIRECTOR (NAME) L. F. Rollins (ADDRESS) Platte City, Mo.

20. FILED July 6, 1940 By Francis E. Thompson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1940 11:50 P. M.
22. I HEREBY CERTIFY, That I attended deceased from July 5, 1940 to July 5, 1940, 19____
I last saw her alive on July 5, 1940, 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:

Premature labor
acute pyelonephritis
Date of onset _____
Other contributory causes of importance: 154

Name of operation Torsion Date of _____
What test confirmed diagnosis? None 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 7, 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 2
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify 2nd
(Signed) Francis E. Thompson M. D.
(Address) Platte City, Mo.

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

1 X 14228

RECEIVED

District Health Officer No. 11,

District File Number 840-1062

Date Filed AUG 8 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,

Body was not embalmed, or by

Registered Apprentice No., working under my personal supervision.

Signed *EBCast*

Licensed Embalmer No. *4059*

P. O. Address *Platte 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 26025

Registration District No. 696

Primary Registration District No. 6924

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Platte

(b) City or town Carroll
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days)

3. (a) PRINT FULL NAME Jessie Grace Milligan

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race w

6. (a) Single, widowed, married, divorced 8

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased July 5 1940
(Month) (Day) (Year)

8. AGE: Years (1) Months (6) Days (3) Less than one day _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11-24-1940 (b) Mrs. Francis E. Murray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (Means of injury)

23. Signature Henry H. Clark (M. D. or other) _____
Address Platteville Mo Date signed _____

SUPPLEMENTARY

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

