S. No. 2
M—9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 13 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28322

Registration District No. 278 Primary Registration District No. 5789 Registrar's No. 33

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Pinhook Rural St. James
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi 67
(c) City or town Rural St. James 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 Miles South of E. Prairie, Mo
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELLIS MILTON.
3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wife Vurnon Milton
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept. (Month) 25 (Day) 1883 (Year)

8. AGE: Years 60 Months 11 Days 6 If less than one day 1 hr. min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Julius Milton
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) U.K. 9 (State or foreign country)
16. (a) Informant Vurnon Milton
(b) Address Charleston, Mo. 303 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie, Mo.
19. (a) 9-9-1944 (Date received local registrar) (b) Fannie E. Brigman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31
year 6 hour minute a. M.
21. I hereby certify that I attended the deceased from No Medical attendance, 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93a	
Major findings: Of operations	
Of autopsy	

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

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?
(Specify type of place)
While at work? (e) Means of injury 3
23. Signature Travis Shelby (M. D. or other) Coroner
Address East Prairie, Mo Date signed 8/31/44.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Office No. 2
District File Number 944-1246
Date Filed 9-12-44

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 Travis Shelby

Licensed Embalmer No. 2724

P. O. Address East Prairie, 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, fact should be so stated above.