S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Albert Martin

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37968

FILED NOV 28 1945

Registration District No. 218 Primary Registration District No. 5784 Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Mississippi
(b) City or town: Doerna (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 1 mo. 11 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Mississippi
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: 12 Miles South of E. Prairie (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: HUGH MURPHY MILAM
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: ✓
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Aug. (Month) 22 (Day) 1945 (Year)

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

9. Birthplace: Mississippi (City, town, or county) Mo. (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
12. FATHER Name: Walter Milam Jr.
13. FATHER Birthplace: Nolan Co. (City, town, or county) Miss. (State or foreign country)
14. MOTHER Maiden name: Mary Allen
15. MOTHER Birthplace: Yellow Bush Co. (City, town, or county) Miss. (State or foreign country)
16. (a) Informant: Walter Milam Jr.
(b) Address: East Prairie, Mo. Rt. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove
18. (a) Signature of funeral director: Travis Shelby
(b) Address: East Prairie
19. (a) 11-1-45 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13 year 1945 hour 6 minute a M.
21. I hereby certify that I attended the deceased from Oct 10th, 1945, to Oct 13, 1945, that I last saw him alive on Oct 10, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Lack of proper food
Due to: Gastro-enteritis
Due to: ____
Other conditions (Include pregnancy within 3 months of death): ____
Major findings: Of operations: ____ Of autopsy: ____

Duration

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 ____

23. Signature: A. J. Martin (M. D. or other)
Address: East Prairie Mo. Date signed: 10/13

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1145-3294
Date Filed 11-24-45

JAN 16 1946

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 not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

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.