

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

Do not use this space.

**1. PLACE OF DEATH**

County Lincoln  
Township Elkhorn  
City Elkhorn (No.       )

Registration District No. 486  
Primary Registration District No. 4223

File No. 34311  
Registered No. 42  
St.        Ward       

**2. FULL NAME** Mrs. A. Millner

(a) Residence. No.        St.        Ward         
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 13 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>—</u>	<u>5</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer)         
(c) Name of employer       

9. BIRTHPLACE (CITY OR TOWN)         
(STATE OR COUNTRY) Va.

10. NAME OF FATHER J. S. Millner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)         
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Catharine Clayton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)         
(STATE OR COUNTRY) N.Y.

14. INFORMANT Mrs. Millner  
(Address) Elkhorn

15. FILED 11/18, 1929 C. E. Rowell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1929, to Oct. 18, 1929, that I last saw him alive on Oct. 18, 1929, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of rectum  
1866  
1918 (duration) 2 yrs. mos. ds.  
CONTRIBUTORY Fractured hip  
(SECONDARY) (duration)        yrs. mos. ds. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 48

IF NOT AT PLACE OF DEATH,       

DID AN OPERATION PRECEDE DEATH?        DATE OF       

WAS THERE AN AUTOPSY?       

WHAT TEST CONFIRMED DIAGNOSIS?       

(Signed) A. M. Taylor M. D.  
, 19 (Address) Elkhorn, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Elkhorn Cemetery DATE OF BURIAL 11/20 1929

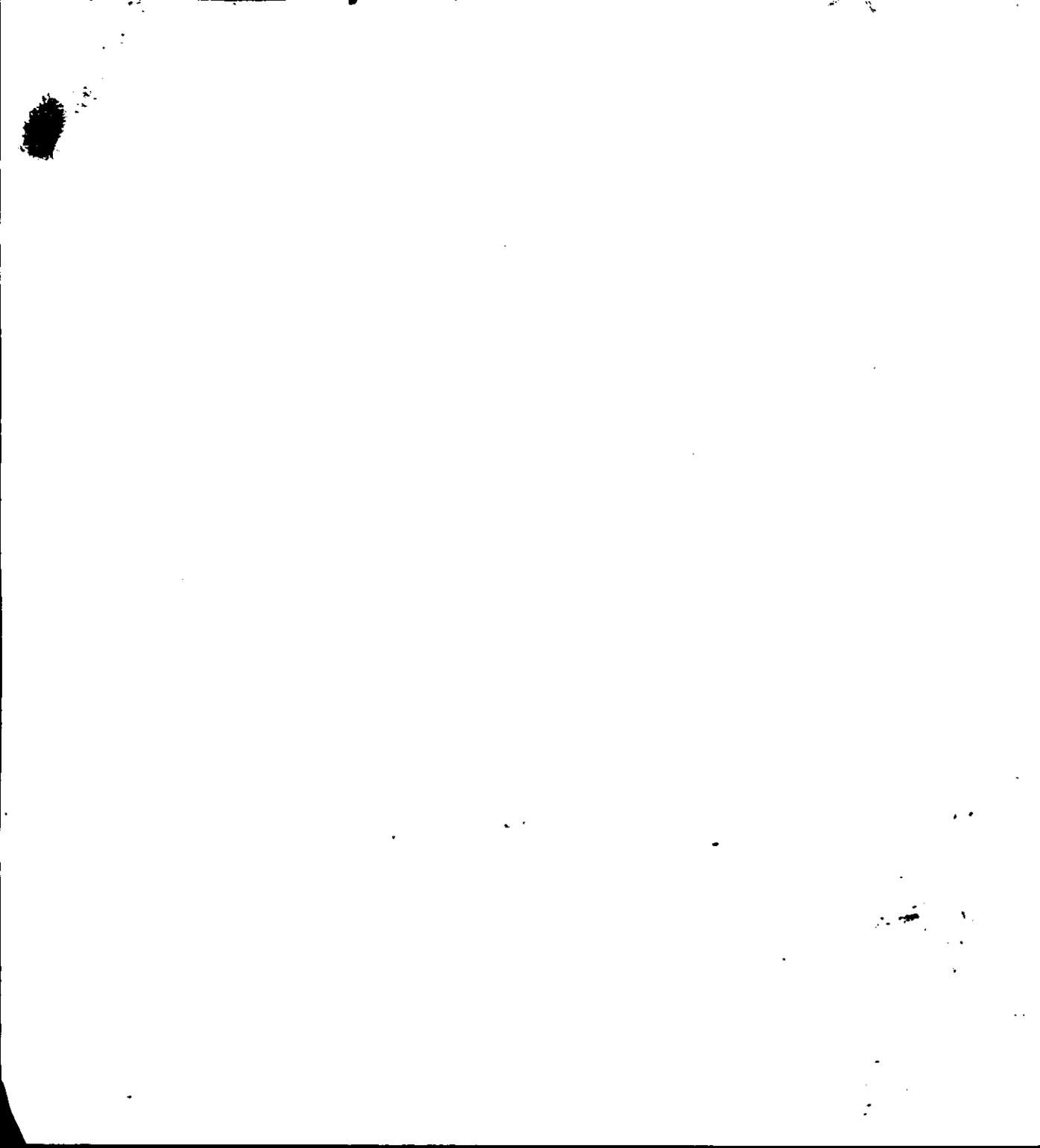
20. UNDERTAKER W. G. Bradley ADDRESS Elkhorn

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.

101 25  
5  
1  
3

PARENTS



Name: Newton W. Millner  
Who died at: Esberry Ms on Oct 18, 1929,  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Carcinoma of face

Contributory: Fractured hip

- Fall from off bed -

Where was disease contracted? \_\_\_\_\_

1929  
34311