

MAY 21 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 398File No. 16569Township IndependencePrimary Registration District No. 3019Registered No. 144(No. Indep. Sanitarium)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Dale Eugene Milstead(a) Residence, No. 608 North Osage 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) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2-19327. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
4 7 168. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Independence  
(STATE OR COUNTRY) Missouri13. NAME D. Eugene Milstead14. BIRTHPLACE (CITY OR TOWN) Davis Co  
(STATE OR COUNTRY) Missouri15. MAIDEN NAME Ruby Welch16. BIRTHPLACE (CITY OR TOWN) Anderson Co  
(STATE OR COUNTRY) MissouriINFORMANT (ADDRESS) D. Eugene Milstead  
608 North OsageBURIAL, CREMATION, OR REMOVAL PLACE Coffin Home (Nov 20 1937)UNDERTAKER (ADDRESS) Indep. and JudgeFILED 4-28-1937 J. E. Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 193722. I HEREBY CERTIFY, That I attended deceased from April 10, 1937, to April 18, 1937.I last saw him alive on April 18, 1937. Death is saidto have occurred on the date stated above, at 5:35 P. m.

The principal cause of death and related causes of importance were as follows:

Scarlet feverDate of onset 4-18-37

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical 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 \_\_\_\_\_, 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) W. H. Allen, M. D.(Address) Independence, Mo.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH IN MAIN PART OF THIS FORM.

