

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

Do not use this space.

11821

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas

Registration District No. 399
Primary Registration District No. 1002
(No. 3641 Penn

File No. 1617
Registered No. 1617
St. _____ Ward _____

2. FULL NAME

Elmer Leon Mills
(a) Residence. No. 3641 Penn 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

M

4. COLOR OR RACE

wh

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Marina B Mills

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov. 11-1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
59	5	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wholesale Rep.
(b) General nature of industry, business, or establishment in which employed (or employer) June Street Music Co.
(c) Name of employer 96

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) See

10. NAME OF FATHER

James L. Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER

Mary Hanger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14.

INFORMANT J. J. Mills
(Address) 1212 Armour

15.

FILED 4/18-27 M. M. Browne
REGISTRAR Wes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 16 1927

17. I HEREBY CERTIFY, That I attended deceased from JAN 10 1927 to April 16 1927, and that I last saw him alive on April 16 1927, at 5:00 P. on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial stenosis
Arrhythmia of the right auricle
chronic Rheumatic heart disease
(duration) 10 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

NO
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Levin W. Hutchinson, M. D.
4/17 1927 (Address) 1814 Fed Res Bk Bldg

*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

Springfield Mo

DATE OF BURIAL

Apr. 18 1927

20. UNDERTAKER

W. Hudson Horn City

ADDRESS

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.

STATE ARCHIVE, WITH Ongoing INA---THIS IS A PERMANENT RECORD

