

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

Do not use this space.

30063

1. PLACE OF DEATH
 County: Greene Registration District No. 318
 Township: Springfield Primary Registration District No. 200
 City: Springfield (No. 729) Freemont Ave Registered No. 657
 St. _____ Ward _____

2. FULL NAME Otho D. Mc Millan
 (a) Residence. No. 729 Freemont St. _____ Ward _____
 (Usual place of abode)

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 Laura M. Mc Millan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6-1878

7. AGE YEARS 56 MONTHS 7 DAYS 19
 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED Real Estate Dealer
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 25 1927

17. I HEREBY CERTIFY That I attended deceased from _____ to _____
 that I last saw him _____ alive on _____ and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Nephritis
Arterio-Sclerosis

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____
 (Signed) James G. Henry, M. D.
 _____, 19 _____ (Address)

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

10. NAME OF FATHER Blair Mc Millan

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

12. MAIDEN NAME OF MOTHER Maggie Humphreys

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

14. INFORMANT Laura M. Mc Millan
 (Address) Springfield, Mo.

15. FILED 10/26/27 OCT 27 1927
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hagewood Cemetery DATE OF BURIAL Oct-27 1927

20. UNDERTAKER J. W. Kingman & Co. ADDRESS 226 E. Conk Springfield, Mo.

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.

RECORD

