

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

Do not use this space.

1353

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township New Primary Registration District No. 1002  
 City Kansas City No. 3716 Avenue 1002 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 2. FULL NAME Mary Frances McMillen  
 (a) Residence. No. 3716 Avenue \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) \_\_\_\_\_ (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Fe 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 C. H. McMillen  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 31 1870  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
57 | 7 | 25 | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1928  
 17. I HEREBY CERTIFY, That I attended deceased from May 15 1928, to Jan 10 1928, that I last saw her \_\_\_\_\_ alive on Jan 9 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
461  
Carcinoma of abdominal viscera  
 (duration) \_\_\_\_\_ yrs. 3 mos. \_\_\_\_\_ da.  
 CONTRIBUTORY Carcinoma of rectum  
 (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ohio  
 10. NAME OF FATHER P. S. Sawyer  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) No Record  
 12. MAIDEN NAME OF MOTHER No Record  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) No Record

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_  
3 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE one year Colostomy  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) D. J. Morris, M. D.  
126, 1928 (Address) J. H. McFee

14. INFORMANT C. H. McMillen  
 (Address) 3716 Avenue  
 15. FILED Jan 27 1928 M. G. Brown REGISTRAR

\*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 Forest Hill DATE OF BURIAL Jan 27 1928  
 20. UNDERTAKER Wm. L. Sautter ADDRESS City

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.

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dr <sup>Memorandum</sup> Meredith  
~~H. Jensen~~  
926 megu.