

MAY 29 1928

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

Do not use this space.

12661

1. PLACE OF DEATH

County Clay Registration District No. 201  
Township Platte Liberty Primary Registration District No. 5780  
City (No. ....) Ward (No. ....)

File No. ....  
Registered No. 32 St. .... Ward)

2. FULL NAME

Jas. William McMillan

(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 1 yrs. 2 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 married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-31-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 11               

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Platte Co. Mo.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER David McMillan

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

12. MAIDEN NAME OF MOTHER Vilatta King

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

14. INFORMANT Mrs. Jas. W. McMillan  
(Address) Smithville, Mo.

15. FILED 7/28/28 Wm H. Godson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from April 29 19 28, to April 30 19 28  
that I last saw him alive on April 27 19 28, and that death occurred, on the date stated above, at 7:10 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Thrombosis  
7401  
7401  
(duration) 2 yrs.      mos.      ds.

CONTRIBUTORY Arteriosclerosis  
(SECONDARY)  
(duration) 4 yrs.      mos.      ds.

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) [Signature] M. D.  
Smithville Mo 1928 (Address)

\*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 Hampton Platte Co. Mo. DATE OF BURIAL 5-1-1928

20. UNDERTAKER McDermas Undert. Co. ADDRESS Smithville, 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.

