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

Do not use this space. 1435

1. PLACE OF DEATH — Registration District No. 399
County Jackson — Primary Registration District No. 1002 — File No. 22
Township Kaw — Registered No.
City Kansas City (No. 2738 Brooklyn St. Ward)

2. FULL NAME Frank V. Mills
(a) Residence. No. 2738 Brooklyn St., 4 Ward. (If nonresident give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Lydia Miller Mills

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
(About 70)		9	4	

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

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

PARENTS
10. NAME OF FATHER Wilbur Mills
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER Eliza A. Cross
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Lydia Miller Mills
(Address) 2738 Brooklyn

15. FILED 1/3, 1929 M. M. Cramer, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1928, to Dec. 26, 1928, that I last saw h... alive on Dec. 26, 1928, and that death occurred, on the date stated above, at 3:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
82 A
97 (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
Several years (duration) ...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) Ed J Bayer, M. D
1/3, 1929 (Address) Ridge Arcade 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 Sedalia, Mo. — DATE OF ~~BURIAL~~ 1/4 1929
20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.