

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

Do not use this space.

27556

**1. PLACE OF DEATH**

County Henry  
Township Orange  
City                     

Registration District No. 348  
Primary Registration District No. 5486

File No.                       
Registered No. 286  
St.                      Ward                     

**2. FULL NAME**

Miss Pearl Mc Millin

(a) Residence No.                      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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-16-1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
X | 9 | 25 |                     

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)                       
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Henry Co. Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Eltha Mc Millin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co. Missouri  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Paul Mc Clair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clinton Co. Missouri  
(STATE OR COUNTRY)

14. INFORMANT R. Eltha Mc Millin  
(Address) Brownington, Mo.

15. FILED 8-13-29 C.D. Taylor, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1929

17. I HEREBY CERTIFY, That I attended deceased from                     , 1929, to                     , 1929, and that I last saw h.                      alive on                     , 1929, and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Baby dead when I arrived, and from history of case. Diagnosis now Typhoid.

CONTRIBUTORY (SECONDARY)                     

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) C.D. Taylor, M.D.  
8-11-29 (Address) Brownington, Mo.

\*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 Shiloh Cemetery DATE OF BURIAL Aug 11 1929

20. UNDERTAKER C.A. Rickett, Brownington, 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. 42

