

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

Do not use this space.

29511

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township 16th Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 1320 1/2 Michigan)

File No. 3687  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Francis McMillian  
(a) Residence, No. 1320 1/2 Michigan St., 2 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. or min.  
69 6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. House wife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Anna Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Adkins (ADDRESS) 1820 1/2 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Solar, Kans. DATE Oct 3 1932

19. UNDERTAKER Adkins Bros. (ADDRESS) 4000 612 St.

20. FILED 10/1 1932 M. M. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1932 to Sept 28 1932

I last saw her or alive on Sept 28 1932. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

apoplexy stroke Date of onset 9/25  
Right side  
stroke Right side 1 9/13

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify \_\_\_\_\_ (Signed) R. B. Bishop, M. D.

(Address) 579 Ridge Bldg.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

