

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

Do not use this space.

37030

**1. PLACE OF DEATH**

96 County ST. LOUIS Registration District No. 790  
2 Township LADUE VILLAGE Primary Registration District No. 6033  
7 City CLAYTON (No. PRICE RD, SUNNINGDALE LANE) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

CLIFTON HAWKINS MCMILLAN  
(a) Residence, No. PRICE RD, SUNNINGDALE LANE St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) ST. LOUIS COUNTRY CLUB GRDS - CLAYTON MO. (If nonresident, give city or town and State)  
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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1871  
7. AGE YEARS 61 MONTHS 10 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BANKER  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MERCANTILE COMMERCE BANK & TRUST  
10. Date deceased last worked at this occupation (month and year) FEB. 1931 (RESIGNED) 11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOWLING GREEN, MO.

13. NAME JOHN MCMILLAN

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

15. MAIDEN NAME MARTHA HAWKINS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIKE COUNTY MO.

17. INFORMANT JOHN S. MCMILLAN  
(ADDRESS) PRICE RD SUNNINGDALE LANE CLAYTON MO.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE BELLEFONTAINE DATE NOV. 29 1932

19. UNDERTAKER WAGONER  
(ADDRESS) 3621 OLIVE ST.

20. FILED NOV. 28 1932 W. W. Sullivan  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/27 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st 1932 to Nov. 27th 1932  
I last saw him alive on Nov. 27th 1932 Death is said to have occurred on the date stated above, at 6:20 AM.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 11/25/32  
Arterial Hypertension  
(Under treatment) 10 yrs  
Other contributory causes of importance:  
Coronary Vasculature  
Disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What last confirmed diagnosis? Arterial Hypertension 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Frank J. York, M. D.  
(Address) 4500 Olive St.  
St. Louis, Mo.

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.

JAN 5 1933

JAN 3 1950

APR 9 1950

33