

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 21 1932

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

Do not use this space.

38562

1. PLACE OF DEATH  
 County Buchanan Registration District No. 85  
 Township Washington, Primary Registration District No. 1001  
 City St. Joseph, (No. St. Joseph's Hospital, St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Arthur Million,  
 (a) Residence, No. 39th. & Mitchell Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 5 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. 1283  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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) April 3, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

32      8      20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic 2 1/2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile 23

10. Date deceased last worked at this occupation (month and year) December 1932 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington, Illinois, 2

FATHER 13. NAME Joseph Million,

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

MOTHER 15. MAIDEN NAME Anna Faubush,

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

17. INFORMANT (ADDRESS) Mrs. H. J. Pumphrey, R. F. D. # 4, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cemetery DATE Dec. 26 19 32

19. UNDERTAKER (ADDRESS) Theaton, DeGale & Bowman, 319 So. 10th, Funeral Home

20. FILED Dec 25, 1932 John K. Bender, Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1932 to Dec. 23, 1932

I last saw him alive on Dec. 23, 1932 Death is said to have occurred on the date stated above, at 2:04 p.m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis (Date of onset 12/19/32)  
Pulmonary Hemorrhage  
Tuberculous Pneumonia (Date of onset 12/20/32)

Other contributory causes of importance  
None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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 None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) H. G. Thompson, M. D.  
 (Address) 825 Charles, St. Joseph, Mo.

F.P.C. 100-100000-100000

RECEIVED

APR 10 1964

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D.C. 20535

MEMORANDUM

TO : SAC, NEW YORK

FROM : SAC, PHOENIX

SUBJECT: [Illegible]

2

RE: [Illegible]