WHITE 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.

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

Do not use this space.

20327

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 2487
Township Kaw — Primary Registration District No. 1002 — Registered No. 2487
City Kansas City (No. Research Hospt St. Ward)

2. FULL NAME Mr. Dennis Elmer Mills
(a) Residence, No. 138 so Belmont Ward.
(Usual place of abode) (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 M.
4. COLOR OR RACE Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 1880

7. AGE YEARS 54 MONTHS 1 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mercy Hospt
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 14 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Reidsville N. Carolina

FATHER
13. NAME John Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Nancy C. Wheeler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Nellie J. Mills 138 so Belmont

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE June 7 1934

19. UNDERTAKER (ADDRESS) Eylar Funeral Home K. C. Mo

20. FILED 6-5 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1934, to June 5, 1934
I last saw him alive on June 5, 1934. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5-28-'34
Myocardial Failure	"

Other contributory causes of importance:

94 b

Name of operation — Date of —
What test confirmed diagnosis? 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) E. A. Wilkinson, M. D.
(Address) 900 Professional Bldg.

6.a, Wilkinson [illegible]

5900 St. John Be. 1515