

DEC 1 8 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39652

1. PLACE OF DEATH

County Jackson Registration District No. 390
 Township Frank Primary Registration District No. 2
 City Kansas City (No. 709 Westport Road) St. _____ Ward)

File No. _____
 Registered No. 5183

2. FULL NAME

Mrs. Alice Million
 (a) Residence, No. 709 Westport Rd. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jerry Million
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1861
 7. AGE YEARS 73 MONTHS 8 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W Long
 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) Columbia Mo.

FATHER
 13. NAME Will Payne

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Elizabeth Hensley

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Missouri

17. INFORMANT Miss Daisy Million
 (ADDRESS) 709 Westport Road

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE Dec. 1, 1934

19. UNDERTAKER P. V. Lindsey & Sons
 (ADDRESS) 3811 Broadway

20. FILED 11-30-34 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1934
 I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934 to Nov. 29, 1934
 I last saw her alive on Nov. 29, 1934. Death is said to have occurred on the date stated above, at 6:30 A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myo. Perditis
936
97
 Other contributory causes of importance: arterio sclerosis
 Date of onset 1930

Name of Operation none 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? 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) J. J. [Signature] M. D.
 (Address) 701 Westport Ave

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.

D. Lee Harris

W. 8093