

FEB 21 1935

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

Do not use this space.

3494

1. PLACE OF DEATH

County..... Registration District No. 202
Township..... Primary Registration District No.
City St. Louis (No. 2241, Missouri av)

File No.....
Registered No. 801
St..... Ward

2. FULL NAME

Avis Arlena Mc Millan
(a) Residence, No. 2241 Missouri a St., 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 3 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Logan Mc Millan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 18 - 1885</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>5</u>
	DAYS <u>3</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	13. NAME <u>John Rice</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	15. MAIDEN NAME <u>Mary Rice</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
	17. INFORMANT (ADDRESS) <u>Logan Mc Millan</u> <u>2241 Missouri</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Graceland</u>	DATE <u>Jan 24 1935</u>
	19. UNDERTAKER (ADDRESS) <u>Dr. J. Monally</u> <u>1926</u>
20. FILED	19 <u>35</u> <u>J. Bredeck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 2, 1935, to Jan 21, 1935
I last saw h. alive on Jan 20, 1935. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
Date of onset

Other contributory causes of importance:
None

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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 Robert L. Weber, M. D.
(Signed) 1935
(Address) 519 St.

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.

