

JUN 24 1935

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

Do not use this space.

16622

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Lea Primary Registration District No. _____
City Kansas City No. 12 C. General Hosp St. _____ Ward _____

File No. _____
Registered No. 2104
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2214 Drury St., Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 18, 1851

7. AGE YEARS 83 MONTHS 7 DAYS 4 If LESS than 1 day, hrs. or min. _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME John Mills

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

15. MAIDEN NAME Rebecca Lamb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Perma Clark
12 C. General Hosp 12 C. Gen

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring MO. DATE May 23, 35

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

20. FILED 5/23 1935 M. L. D. W. A. C. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1935 to 5-22 1935

I last saw him alive on 5-22 1935. Death is said to have occurred on the date stated above, at 1:10 PM

The principal cause of death and related causes of importance were as follows: Terminal Bronchopneumonia Date of onset _____

Other contributory causes of importance: Semility 1070

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? _____
If so, specify _____
(Signed) H. J. Bennett M.D.
(Address) 12 C. Gen Hosp 12 C. Gen

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.

