

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

Do not use this space.

SEP 25 1936

31652

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal In car on way to St. Elizabeth Hospital Registered No. 279
 Ward 6

2. FULL NAME

Gleyn Arnold McMillen
 (a) Residence No. 112 New London Mo. Ward. Ralls Co. Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 6-1934</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ralls Co. Mo.</u>		
MOTHER	13. NAME <u>Shelton Arnold McMillen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo.</u>	
	15. MAIDEN NAME <u>Lena Smellwood</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russ Co. Mo.</u>	
17. INFORMANT (ADDRESS) <u>Shelton Arnold McMillen</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Contemporary Cemetery</u> DATE <u>Aug. 15-1936</u>		
19. UNDERTAKER (ADDRESS) <u>Ray P. Schwartz</u>		
20. FILED <u>Aug 15 1936</u> <u>M. C. Fisher</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14-1936

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

I last saw him alive on 19....., 19..... 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:

Child brought from Ralls Co. Mo. to St. Elizabeth Hospital and was dead upon arrival at hospital. Probable cause of death was "Cholera infantum".

Other contributory causes of importance:
High temperature

Name of operation none 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? Hannibal - (Specify city or town, county, and State)
In car on way to hospital
 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) Cecil C. Schwartz M.D.
 (Address) Hannibal, Mo.
Coroner, Marion Co., Mo.

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.

