

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.

SEP 28 1936

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

Do not use this space.

31844

1. PLACE OF DEATH

County Nodaway Registration District No. 625 File No. _____
 Township Polk Primary Registration District No. 307+0827 Registered No. 93
 City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME Mary E. McMillen.

(a) Residence, No. _____ St. _____ 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 <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>James E. McMillen.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 12, 1860.</u>		
7. AGE YEARS <u>76.</u> MONTHS <u>3.</u> DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife.</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>Illinois.</u>		
FATHER	13. NAME <u>John Grimes.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Shelman.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known.</u>	
17. INFORMANT <u>James E. McMillen</u> (ADDRESS) <u>Pickering, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Loveland, Co.</u> DATE <u>August 12, 1936.</u>		
19. UNDERTAKER <u>Price Funeral Home</u> (ADDRESS) <u>Mariville, Mo.</u>		
20. FILED <u>8-11</u> 19 <u>36</u> <u>Mamie E. Chardy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 10, 1936

22. I HEREBY CERTIFY. That I attended deceased from Aug 1, 1936 to 8/10, 1936
 I last saw her (live on) 8/11, 1936 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Date of onset 8/1/36)

82 2-1

Other contributory causes of importance:

arterio Sclerosis

Name of operation _____ 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? _____ 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) C. H. Koptik, M. D.
 (Address) Hopkine

