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.

DEC 30 1936

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

Do not use this space.

42319

1. PLACE OF DEATH
County: St Clair — Registration District No.: 761
Township: Appleton — Primary Registration District No.: 44-56
City: (No. St. Ward)
File No.:
Registered No.:

2. FULL NAME: McClin a 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: Female
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: William J McMillen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 4 - 1846
7. AGE: Years 90 — Months 2 — Days 10 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
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): Missouri

FATHER
13. NAME: Decatur Wear
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ~~Not~~ Kentucky

MOTHER
15. MAIDEN NAME: Mary Cordery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): O G McMillen Appleton City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Nevada Mo DATE: Nov 16 1936
19. UNDERTAKER (ADDRESS): Frank Lee Appleton City Mo
20. FILED: Nov 23, 1936 C R Kenney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Nov. 14, 1936, last saw him alive on Nov. 12, 1936. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
Chronic arthritis
Chronic bronchitis

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? No
If so, specify:
(Signed) R. L. Hamm, M. D.
(Address) Appleton City Mo