

AUG 24 1936

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township
City Lamar (No., St. Ward)

Registration District No. 40
Primary Registration District No. 4024

File No. 48570
Registered No. 32

2. FULL NAME Infant Daughter T. J. McMillin

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7th 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Lamar (STATE OR COUNTRY) Missouri

FATHER
13. NAME T. J. McMillin

14. BIRTHPLACE (CITY OR TOWN) Osceola (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Elsie N. McMillin

16. BIRTHPLACE (CITY OR TOWN) Fargo (STATE OR COUNTRY) Oklahoma

17. INFORMANT T. J. McMillin (ADDRESS) Lamar, Mo. R5

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview Cemetery DATE July 7, 1936

19. UNDERTAKER Konantz Funeral Home (ADDRESS) Lamar, Mo.

20. FILED 7-7-1936 A. J. Konantz Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7th 1936

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1936 to July 7, 1936
I last saw him at home July 7, 1936 Death is said to have occurred on the date stated above, at 7:15 am.

The principal cause of death and related causes of importance were as follows:

Stillborn
Hydrocephalus

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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.....
(Signed) Lern T. Bichel, M. D.
(Address) Lamar, 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.

