

Exact statement of OCCUPATION is very important.

MAY 31 1937

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

Do not use this space.

17116

1. PLACE OF DEATH

County Nodaway

Registration District No. 628

File No. 17116

Township Maryville

Primary Registration District No. 3031

Registered No. 38

City Maryville (No.),
John Oscar McMillen

St. Ward

2. FULL NAME

(a) Residence, No. 538 W. 3rd St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Fike McMillen

22. I HEREBY CERTIFY, THAT I attended deceased from June 24th 1936, to Apr 7 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1870

I last saw him alive on Apr 6, 1937. Death is said to have occurred on the date stated above, at 8 A.m.

7. AGE YEARS 66 MONTHS 9 DAYS 27 If LESS than 1 day, hrs. or min.

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

Congestive heart failure Date of onset 3-26-37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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

Other contributory causes of importance: Prostatitis nephritis

12. BIRTHPLACE (CITY OR TOWN) Burnside, Ill. (STATE OR COUNTRY) Ill.

13. NAME James B. McMillen

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

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

15. MAIDEN NAME Margaret Evans.

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

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.

17. INFORMANT Mrs. Ida McMillen, (ADDRESS) Maryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, Mo. DATE April 11, 1937

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville, Mo.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. B. Dean, M. D.

(Address) Maryville Mo.

20. FILED Apr 8 1937 M. E. Clardy Registrar.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Madison Registration District No. 625
 Township _____ Primary Registration District No. 3031
 City Marionville (No. _____) St. _____ Ward _____

File No. 17116
 Registered No. _____

2. FULL NAME John Oscar McMillin
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** M
 (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>9</u>	<u>27</u>	

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED Apr-8 1937 Mamie E. Clardy Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 7 1937

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

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: 131
Prostatitis
Nephritis Chronic

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?

If so, specify _____

(Signed) L. E. Dean _____, M. D.
 (Address) Marionville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-17-16