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

NOV 18 1937

Do not use this space.

36667

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Kaw Primary Registration District No. 1007

City Kansas City (No. 804 East 41st St. Ward)

File No.

Registered No.

2. FULL NAME William D. Mills

(a) Residence, No. 804 East 41 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 16 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lula R. Mills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12-3-1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
70	10	8	

OCCUPATION

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

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): Pleasant Hill Mo.

FATHER

13. NAME: Charles E. Mills

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

MOTHER

15. MAIDEN NAME: Louise Dunlap

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

17. INFORMANT (ADDRESS): Herb Mills 6023 Park

18. BURIAL, CREMATION, OR REMOVAL

PLACE Glenville DATE Oct 13th 1937

Cleveland, Mo.

19. UNDERTAKER (ADDRESS): D. T. Newcomer & Sons 1401 Brushcreek

20. FILED Oct 12, 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10 - 11 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937, to Oct 11, 1937

I last saw him alive on Oct 11, 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

	Date of onset
Hypertensive Heart Disease	
95B	

Other contributory causes of importance:

Cholecystitis	
Hemorrhagic Nephritis	
both acute	

Name of operation: Date of:

What test confirmed diagnosis? Physical 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) Leone C. Lee, M. D.

(Address) 730 Professional Bldg K.C. 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.

Proff Bldg 11-3