

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

Do not use this space.

JAN 17 1938

41429

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. K.C. General Hospital, K.C. Mo.) St. 5032 Ward

File No.
Registered No. 5032

2. FULL NAME

Stella Mills,

(a) Residence, No. 1443 Jefferson Str., City 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 Bert Mills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1890

7. AGE YEARS 47 MONTHS 11 DAYS 19 If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 23
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 1

FATHER 13. NAME William Carroll 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record 31

MOTHER 15. MAIDEN NAME Marie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Record

17. INFORMANT Mr. Guy E. Mills,
(ADDRESS) 1443 Jefferson Str., K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington Cem DATE Dec. 15th, 1937

19. UNDERTAKER Mrs. C. L. Forster, K.C. Mo.
(ADDRESS)

20. FILED Dec 14 1937
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Anna, 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at 6: AM.

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

Cerebral sclerosis
Cerebral encephalomalacia
Ronchopneumonia 5788
Other contributory causes of importance:

Name of operation W Date of Op

What test confirmed diagnosis? Op Was there an autopsy? Op

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Op Date of injury....., 19.....

Where did injury occur? Op (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Op
Nature of injury Op

24. Was disease directly related to and was related to occupation of deceased?

If so, specify Op
(Signed) Op M. D.

(Address) Op

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.

SECRET

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