

REC'D JUL 11 1938

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

21678
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 199
(c) City Jefferson (d) Street No. St. Marys Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Willard McMillin
807 Washington J.C.M.O. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ON WIDOWED OF WIFE OF SS. McMillin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 2 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Data deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo.
(STATE OR COUNTRY) Mo.

13. NAME Silver McMillin
14. BIRTHPLACE (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY)

15. MAIDEN NAME Nance Hodge
16. BIRTHPLACE (CITY OR TOWN) Cole Co.
(STATE OR COUNTRY)

17. INFORMANT Silver McMillin
(ADDRESS) 807 Washington J.C.M.O.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cem. DATE July 2, 1938

19. FUNERAL DIRECTOR Brecher Funeral Home
(ADDRESS) Jefferson City, Mo.

20. FILED 7/2/38 1938 J.P.S. Form 1
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1938, to June 30, 1938.
I first saw him alive on July 2nd, 1938. Death is said to have occurred on the date stated above, at 11:45 a.m.

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

Edema of Brain
1870 W. 2nd St.
Date of onset

Other contributory causes of importance:
Fracture 3rd, 4th, 5th Cervical Vertebrae & separation of spinal cord

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? Yes Date of injury June 4th, 1938
Where did injury occur? Jefferson City, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Diving in shallow creek
Nature of injury F.F. 3rd, 4th, 5th Cerv. Vert.

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Thomas J. Kelly, M. D.
(Address) Jefferson City, Mo.

STATEMENT BY LICENSED EMBALMER

I, Victor Buescher Licensed Embalmer No. 3707

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Victor Buescher

Licensed Embalmer No. 3707

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

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(a) County Cole Registration District No. 213 (b) Township Primary Registration District No. 3014 (c) City Jefferson (d) Street No. Registered No. 199 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Willard Mc Millin St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-17-1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as 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. FUNERAL DIRECTOR (ADDRESS)

20. FILED 7/21 1938 Onbeoford MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

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22. I HEREBY CERTIFY That I attended deceased from June 4 1938 to July 2 1938 last saw h. alive on July 2 1938. 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:

Other contributory causes of importance: Date of onset

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) Thos J. Kelley, M. D. (Address) Jefferson City Mo

SUPPLEMENTAL

