

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

Do not use this space.

12733

1. PLACE OF DEATH

County Crawford  
Township Union  
City Kennett (No. 1)

Registration District No. 231  
Primary Registration District No. 943

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME Sidney Allen McMillen

(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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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) May 10 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
11 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN); (STATE OR COUNTRY) Kennett MO

10. NAME OF FATHER Thompson McMillen

11. BIRTHPLACE OF FATHER (CITY OR TOWN); (STATE OR COUNTRY) Huggah MO

12. MAIDEN NAME OF MOTHER Elizabeth Key

13. BIRTHPLACE OF MOTHER (CITY OR TOWN); (STATE OR COUNTRY) Sligo MO

14. INFORMANT (Address) Elizabeth McMillen  
Kennett

15. FILED 578/28 19.28 Geo W Rivers REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 1 - 19 28

17. I HEREBY CERTIFY That I attended deceased from April 12 1928 to April 12 1928 that I last saw him alive on May 12 1928 and that death occurred, on the date stated above, at 1 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
meningitis  
710W  
(duration) yrs. mos. ds. 20 ds.  
CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) M. J. Parker, M. D.  
Steelville MO  
, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Kennett Cemetery 4/2 - 1928

20. UNBERTAKER ADDRESS  
L. J. Jones Steelville 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.

