

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

Do not use this space.

30915

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. 5645 Highland)

Registration District No. **399**  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 3439  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Harris K. Millspaugh

(a) Residence No. 5645 Highland 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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Margaret Millspaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 21 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>58</u>	<u>4</u>	<u>26</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Pullman conductor  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Pullman Co.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) N. Y.

PARENTS

10. NAME OF FATHER Harris K. Millspaugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTRY) N. Y.

12. MAIDEN NAME OF MOTHER Georgia Caldwell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) N. Y.

**14.**

INFORMANT Mrs. Margaret Millspaugh  
(Address) 5645 Highland

**15.**

FILED 9/19, 1929 m. m. Crover  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 17 1929

17. I HEREBY CERTIFY, That I attended deceased from July 20 1928 to Sept. 17 1929  
that I last saw him alive on Sept. 15 1929 and that death occurred, on the date stated above, at 3.30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gastric carcinoma  
46B (duration) 1 yrs. 5 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Operation

(Signed) Frank Deachenor M. D.

Sept. 18, 1929 (Address) 1007 Ogyle Bldg

\*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

Elmwood Cem.

Sept. 19<sup>th</sup> 29

20. UNDERTAKER

ADDRESS

H. W. Gates

K. C. K.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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