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

Do not use this space.

32068

1. PLACE OF DEATH

42 County Henry — Registration District No. 349 — File No. ____

3 Township Pike — Primary Registration District No. 4207 — Registered No. 23

3 City Calhoun Mo (No. ____ St. ____ Ward)

2. FULL NAME David 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 8 yrs. — mos. — ds. How long in U.S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

NOV 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR)~~ WIFE OF Mary Etta McMillen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ____ hrs. or ____ min.
	79	9	12	

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

9. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER David McMillen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Kathren Neher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ____
(STATE OR COUNTRY) Ohio

14. INFORMANT J. D. McMillen
(Address) Calhoun Mo

15. FILED 10-17, 1932 Mrs. A. A. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1932, to Oct 16, 1932, that I last saw him alive on Oct 15, 1932, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis Agitans
87B
8 1/2 B
(duration) 7 yrs. 6 mos. ____ ds.

CONTRIBUTORY (SECONDARY) Asthma
(duration) ____ yrs. ____ mos. ____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF ✓
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) S. A. Pollard, M.D.
, 19 (Address) Calhoun Mo

*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
Leeton Cemetery	Oct 17 1932

20. UNDERTAKER	ADDRESS
S. A. Hansey	Calhoun Mo