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

Do not use this space.

29588

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Research Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1099

File No.
Registered No. 3504

2. FULL NAME Clara Mills

(a) Residence, No. 310 30 Washington Sedalia Mo. 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.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
64				

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Napton Mo

FATHER
13. NAME L.C.Shockelfood
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Poliana Fowler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Napton Mo.

17. INFORMANT Louis R.Mills
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Napton Mo. DATE Sept 4,33

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W.Linwood

20. FILED 9/4 1933 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/3/33, 19.... to 9/3/33, 19....
I last saw her alive on 9/3/33, 19.... Death is said to have occurred on the date stated above, at 5:37 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 9/3/33
535
8:24A
1:35A

Other contributory causes of importance:
Papillary Tumor
renal pelvis

Name of operation Cystoscopy Date of 9/3/33
What test confirmed diagnosis? Clinical
Was cancer suspected?

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? No
If so, specify
(Signed) Ernest B. Moore M. D.
(Address) 632 Hospital Bldg

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.