

REC'D APR 22 1938

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

11903

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Primary Registration District No. 9025 Registered No. 123
(c) City Richmond Mo. (d) Street No. _____ 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. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

William McMillian 254

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Amanda McMillian
WIFE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
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) Pinkney Ill, Ill, 9913. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Eugene Memillian
Richmond Mo,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richmond Mo DATE Mar 26 193819. FUNERAL DIRECTOR (ADDRESS) W. Thymman
Richmond, Mo.20. FILED 4-10 1938 Maury Mc Donald Local Registrar. Richmond, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-25-193822. I HEREBY CERTIFY, That I attended deceased from Mar 23 - 1938, to _____, 19____.I last saw him alive on _____, 19____. Death is saidto have occurred on the date stated above, at 6 a.m.

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

Date of onset

Coronary Occlusion JustOther contributory causes of importance Advanced Arterio SclerosisName of operation Chol. Nectomy Date of _____
What test confirmed diagnosis _____ Was there an autopsy? no23. 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? noIf so, specify Dr. G. W. Gayer _____, M. D.
(Signed) _____(Address) Richmond, Mo.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. _____

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.)