

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

PLACE OF DEATH

County Ripley
Township Washington
or
Village Highgate
or
City Highgate (NO. ✓ St.: - Ward)

Registration District No. 754 File No. 35098
Primary Registration District No. 5995 Registered No. 16

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Millie H Early

PERSONAL AND STATISTICAL PARTICULARS

SEX F. COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (write the word) Married

DATE OF BIRTH Jan. 28, 1879
(Month) (Day) (Year)

AGE 32 yrs. 8 mos. 22 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) at home

BIRTHPLACE (City or town, State or foreign country) Winnona Mo.

PARENTS

NAME OF FATHER Abc M. Teague
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind.
MAIDEN NAME OF MOTHER not known
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn. (?)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John D Early
(ADDRESS) Ripley, Mo

Filed 10/23 1911 Steele REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 20, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 19, 1911, to Oct 19, 1911, that I last saw her alive on Oct 19, 1911, and that death occurred, on the date stated above, at 9 a m. The CAUSE OF DEATH* was as follows:

Perniciou malaria
(congestive chill)
38
(Duration) ✓ yrs. ✓ mos. 5 ds.

Contributory (SECONDARY) ✓
8 (Duration) ✓ yrs. ✓ mos. ✓ ds.
(Signed) H Eelwhite M. D.
Oct 19 1911 (Address) Fandenberg Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Spring Hill Cem. DATE OF BURIAL Oct 22, 1911
UNDERTAKER J R Wright ADDRESS Doniphan Mo. Healy

Revised Un