

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

PLACE OF DEATH

County Christian  
Township South Galloway  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 184 File No. 22364  
Primary Registration District No. 6270 Registered No. 82

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

FULL NAME Marnel Mills

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married  
(If write the word)

DATE OF BIRTH December 9<sup>th</sup> 1885  
(Month) (Day) (Year)

AGE 79 yrs. 5 mos. 8 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer

BIRTHPLACE (City or town, State or foreign country) + State Tenn.

NAME OF FATHER + Joseph Mills

BIRTHPLACE OF FATHER (City or town, State or foreign country) State Tenn.

MAIDEN NAME OF MOTHER Mary Cloud

BIRTHPLACE OF MOTHER (City or town, State or foreign country) + Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Martin  
(ADDRESS) Shakame Mo.

Filed July 1, 1913 J. W. Bruton  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 5, 1913, to 5, 1913, that I last saw him alive on April 5<sup>th</sup>, 1913, and that death occurred, on the date stated above, at 6 P. The CAUSE OF DEATH\* was as follows:

Hemiplegia

87 D  
07 (Duration) 3 yrs. 3 mos. 0 ds.

Contributory Arteriosclerosis  
(SECONDARY) (Duration) 3 yrs. 0 mos. 0 ds.

(Signed) J. H. Hads M. D.  
May 17, 1913 (Address) Peace de Leon

\*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 10 yrs. 0 mos. 0 ds. In the 0 yrs. 0 mos. 0 ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Martin Cemetery DATE OF BURIAL May 18, 1913

UNDERTAKER Kentling & Kentling ADDRESS Highlandville

