

JUN 1 1927
 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.

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

Do not use this space.
 12662

1. PLACE OF DEATH
 County Randolph Registration District No. 735 File No. _____
 Township _____ Primary Registration District No. 3034 Registered No. 99
 City Moberly (No. McBarnick Hospital St. 1st Ward)
 2. FULL NAME Ella May Mills
 (a) Residence. No. _____ St. 1st Ward. (If nonresident give city or town and State)
 (Usual place of abode)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcellous Mills
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11th 1889
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 | 9 | 8 | _____
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Kas

10. NAME OF FATHER Bennett Hughes
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill
 12. MAIDEN NAME OF MOTHER Catherine Adams
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ill

14. INFORMANT _____ (Address) M & Mills Moberly, Mo

15. FILED 4/21/1927 Thos. J. Fleming REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19th 1927
 17. I HEREBY CERTIFY, That I attended deceased from March 1st 1927 to April 19th 1927
 that I last saw h. or alive on April 19th 1927, and that death occurred, on the date stated above, at 4:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Chronic Interstitial Nephritis

131 (duration) 2 yrs. mos. ds.

CONTRIBUTORY unknown (SECONDARY) (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____ (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? house Clinical
 (Signed) Paul C Davis M. D.
4-21st 1927 (Address) Moberly 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 Moberly, Mo DATE OF BURIAL 4-21st 1927

20. UNDERTAKER Muhaw and Son ADDRESS Moberly Mo

