25 1923

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

Do not use this space.

10456

1. PLACE OF DEATH

County: Howell — Registration District No. 384 — File No. 39

Township: Spring Creek — Primary Registration District No. 55385 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Marie Josephine Millins

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
			15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ———
(b) General nature of industry, business, or establishment in which employed (or employer) ———
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Plains Rte 4
(STATE OR COUNTRY) Howell Co. Mo.

PARENTS

10. NAME OF FATHER Walter E Millins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Okla

12. MAIDEN NAME OF MOTHER Grace Summerman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ark

14. INFORMANT Walter E Millins
(Address) West Plains Mo. Rte 4

15. FILED 3-17-1929 O. P. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 17 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-16-, 1929, to 3-17-, 1929, that I last saw her alive on 3-16-, 1929, and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Gastro-enteritis

11 9 (3)

(duration) ..... yrs. ..... mos. 8 ds.

CONTRIBUTORY (SECONDARY) 1138

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) E. Claude Bohrer, M. D
3-17-, 1929 (Address) West Plains, 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	DATE OF BURIAL
Pattersville Cemetery	3-17- 1929
20. UNDERTAKER	**ADDRESS**
Mrs C C Millins, acting	Pattersville Mo

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.