

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

Do not use this space.

13697

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. _____
 Township Bethel Primary Registration District No. 8001 Registered No. 79
 City Kirkville (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Adeline Archer Mills
 (a) Residence. No. 215 North Mulnix 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 37 yrs. 5 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. C. Mills</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>October 20, 1861</u>		
7. AGE <u>67</u>	YEARS <u>67</u>	MONTHS <u>5</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Mother and Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Cincinnati, Ohio</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>William A. Archer</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)	
	12. MAIDEN NAME OF MOTHER <u>Violette Swisher</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>England (Europe)</u> (STATE OR COUNTRY)	

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1929
 17. I HEREBY CERTIFY, That I attended deceased from July 9, 1928 to April 7, 1929, and that I last saw her alive on April 7, 1929, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Recurrent carcinoma of uterus affecting bladder and rectum
4070 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

46 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
 (Signed) Earl F. Morris, M. D.

Apr 9, 1929 (Address) 716 E. Scott, Kirkville, 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.

14. INFORMANT O. B. Mills
 (Address) 215 North Mulnix

15. FILED 4/9 1929 Ed Becker
 Deputy REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Levellips DATE OF BURIAL Apr 8 1929

20. UNDERTAKER Davis & Wilson ADDRESS Kirkville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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2
8

1929-4-7
1861-10-20

17-3-17