

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.

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

Do not use this space.

15569

**1. PLACE OF DEATH**

County Pettis  
 Township Flat Creek  
 City Route 2

Registration District No. 668  
 Primary Registration District No. 5891

File No. ....  
 Registered No. 151  
 St. .... Ward)

**2. FULL NAME**

(a) Residence No. Route 2 St. .... Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 26 - 1928

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1</u>	<u>2</u>	<u>2</u>	<u>2</u>	

**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) Pettis Co Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER J. H. Mills

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

12. MAIDEN NAME OF MOTHER Mary E. Hager

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

14. INFORMANT J. H. Mills  
(Address) Adalia Route # 2

15. FILE NO. H-29, 1929 REGISTRAR J. S. Love

**7 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1929

17. I HEREBY CERTIFY That I attended deceased from April 27, 1929, to April 28, 1929 that I last saw him alive on April 27, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Immunization  
Improper diet  
10 TA / 1000 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) no (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? Clinical  
(Signed) Dr. Fred G. Young M. D.

4/29, 1929 (Address) 111 W. 4th St. Adalia 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 Bullabam Mo DATE OF BURIAL 4/29 1929

20. UNDERTAKER W. Laughlin ADDRESS Adalia

