

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

Do not use this space.

33308

1. PLACE OF DEATH

County One
Township Jefferson
City Jefferson (No.)

Registration District No. 013
Primary Registration District No. 3017

File No.
Registered No. 028
St. Ward

2. FULL NAME

Etta Celestina Mills

Lin Mo

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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 OR (OR) WIFE OF <u>L P Mills</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 29 - 1891</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>4</u>	DAYS <u>23</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u>				
(c) Name of employer <u> </u>				

9. BIRTHPLACE (CITY OR TOWN) Chambers
(STATE OR COUNTRY) Mo

10. NAME OF FATHER A J Boileau

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

12. MAIDEN NAME OF MOTHER Etta Bates

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

14. INFORMANT L P Mills
(Address) Lin Mo

15. FILED 11/4 29 Spencerford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 21

17. I HEREBY CERTIFY, That I attended deceased from Sept 29 1929, to Oct 22 1929, that I last saw her alive on Oct 22 1929, and that death occurred, on the date stated above, at 12:05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia
140
36 (duration) yrs. mos. ds.
CONTRIBUTORY Abortion
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 140

8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) L. Bedford M. D.
10-24 1929 (Address) J. C. C. Co.

*State the DISEASE CAUSING DEATH, or in cases of VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cadet Creek Cem DATE OF BURIAL Oct 24 29

20. UNDERTAKER Mawson - James ADDRESS J. C. C. Co.

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. **NOV 25 1929**

23
 Abortion

JUN 21 1957