

NOV 22 1930

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

Do not use this space.

32577

1. PLACE OF DEATH

County Franklin Registration District No. 297
Township Washington Primary Registration District No. 2016
City Washington (No. _____) St. _____ Ward _____

File No. _____

Registered No. 93

2. FULL NAME

William Mills
(a) Residence. No. West Front St. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
~~OR WIDOW~~Margie Marcum Mills6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 11, 1872

7. AGE

YEARS

58

MONTHS

9

DAYS

2

IF LESS than 1

day, _____ hrs.

or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Cooking

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Liveoak

(STATE OR COUNTRY)

Florida10. NAME OF FATHER Doc Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Florida12. MAIDEN NAME OF MOTHER Sarah Stafford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Florida

14.

INFORMANT Margie Marcum Mills
(Address) W. Front St., Washington, Mo.

15.

Oct 14, 1930 O. L. Mumch
FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1930

17.

I HEREBY CERTIFY, That I attended deceased from June, 1928, to Oct 13, 1930
that I last saw him alive on Oct 13, 1930, and that death occurred, on the date stated above, at 1:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pulmonary237(duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)

(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? NoWHAT TEST CONFIRMED DIAGNOSIS? Clinical(Signed) Frank G. Wags M. D.Oct. 14, 1930 (Address) 909 1/4th Washington 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

Presbyterian Cemetery, Washington, Mo.

DATE OF BURIAL

10/15/ 1930

20. UNDERTAKER

Otto & Co., Washington, Mo.

ADDRESS

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.

