

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

Do not use this space.
27244

1. PLACE OF DEATH
County Scott Registration District No. 816 File No. _____
Township _____ Primary Registration District No. 4492 Registered No. 15
City Chaffee (No. _____) St. _____ Ward _____

2. FULL NAME Abraham Burr Mills
(a) Residence, No. 420 N Main 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAR 4 - 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>37</u>	<u>3</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Section Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mathews Mo

13. NAME John G Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Virginia Whitworth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richstadon

17. INFORMANT W. W. Mills Mathews
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mathews Mo DATE July 3, 1931

19. UNDERTAKER H. S. Stubbs
(ADDRESS) _____

20. FILED July 2, 1931 L. B. Sample
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1931

I HEREBY CERTIFY THAT I attended deceased from July 1, 1931 to July 1, 1931

I last saw him alive on July 1, 1931. Death is said to have occurred on the date stated above, at 4:45 m.

The principal cause of death and related causes of importance were as follows:
Heat Exhaustion Date of onset 7/1/31

Other contributory causes of importance:
191

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) L. B. Sample M. D.
(Address) Chaffee 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.

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