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 23 1931

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

Do not use this space.

30662

1. PLACE OF DEATH
County Butler
Township Ash Hill
City Quilin Mo (No. ..... St. ..... Ward)
Registration District No. 925
Primary Registration District No. 5134C.
File No.
Registered No. 9

2. FULL NAME Robert Mills
(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. 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 (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florida Mills
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1877
7. AGE YEARS 54 MONTHS 4 DAYS 6 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) West Va.

FATHER
13. NAME James Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

MOTHER
15. MAIDEN NAME Synthia Naper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

17. INFORMANT (ADDRESS) X Florida Mills Quilin Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Quilin DATE Sept 25 1931
19. UNDERTAKER (ADDRESS) Jay Brown Quilin Mo
20. FILED Sept 24 1931 Beatrice Greathouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24, 1931
22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1931 to Sept 23, 1931
I last saw him alive on Sept 23, 1931 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:
Malarial fever
38
Date of onset Sept 18
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) V. L. Greathouse M. D.
(Address) Fisk Mo.