

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

Do not use this space.

File No. **31385**
Registered No. **3882**
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 302
Township Kear Primary Registration District No. TRU
City Kansas City (No. Mercy Hospital)

2. FULL NAME Mary Ann Mills

(a) Residence. No. 794 Delham Rd St. K.C. Mo. 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. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 1, 1931</u>		
7. AGE YEARS	MONTHS	DAYS
<u>-</u>	<u>-</u>	<u>19</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Infant</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Meriam, Kas.
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>J. Milton Mills</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Sheldon Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Maudie Maud deceased</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Piedmont Mo</u> (STATE OR COUNTRY)

14. INFORMANT J. Milton Mills
(Address) Pickman Hills Route 2

15. FILED 9/20 1931 Midn Corr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 19 1931
17. I HEREBY CERTIFY, That I attended deceased from Sept 17 to Sept 19, 1931, to that I last saw h. er. alive on Sept 19, 1931, and that death occurred, on the date stated above, at 11:29 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Congenital Heart Disease
2 Erysipelas of abdomen, buttocks, thighs + legs (duration) _____ yrs. mos. 1 1/2 ds.
CONTRIBUTORY Bronchopneumonia (SECONDARY) 1 1/2 (duration) _____ yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Home (Meriam, Kas.)

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS Physical Findings + appearance
(Signed) Dedrey + Pakula M. D.

Sept 20, 1931 (Address) Mercy Hosp

*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 Richmond Kansas DATE OF BURIAL Sept 21 1931

20. UNDERTAKER Quirk + Tobin Co ADDRESS 504 Greenwood

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.

No history as to definite cause obtained

^{History}
~~History~~ stated that "the rash appeared suddenly
on buttock, thigh + abdomen". No history of
injury, previous illness or focal infection.

Apparently of sudden onset without any localizing
signs - Physical exam revealed only the diffuse erythema
of Parasitosis.

S-2 313 25

Sept 17 / 1931

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 399
 Township..... Primary Registration District No. 1002
 City N. City (No., St. Ward)

File No.
 Registered No. 3882

2. FULL NAME

Mary Ann Mills
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 9/20 1931 M. M. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19 1931

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....
 I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Erysipelas of abdomen buttocks thighs & legs
 Date of onset
 Other contributory causes of importance:
15

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)..... M. D.

(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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY