

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH
 10 County Boone Registration District No. 72
 2 Township Centuria Primary Registration District No. 4041
 2 City Centuria (No.) St. Ward

2. FULL NAME Benj. Dean Mills
 (a) Residence, No. St. 3 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 14 hours How long in U. S., if of foreign birth? yrs. mos. da.

File No. 130
 Registered No. 9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
14 hrs. 14 min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
 10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation ✓

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

FATHER
 13. NAME Benj. Dean Mills
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centuria Mo

MOTHER
 15. MAIDEN NAME Lady's M. Miller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centuria Mo

17. INFORMANT (ADDRESS) Mrs. Ellen Mills
Centuria Mo

18. BURIAL, CREMATION, OR REMOVAL
 Burial Old Cedar Date 11/19 1932

19. UNDERTAKER (ADDRESS) W. H. Donald

20. FILED 1/18 1932 J. S. Anderson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1932 to Jan 18 1932
 Last saw him alive on Jan 18 1932 Death is said to have occurred on the date stated above, at 3:50 P. M.
 The principal cause of death and related causes of importance were as follows:
158 Malnutrition
158
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

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 ①

24. Was disease or injury in any way related to occupation of deceased no
 If so, specify _____
 (Signed) W. H. Donald, M. D.
 (Address) Centuria Mo.

