

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

Do not use this space.

34318

1. PLACE OF DEATH

County..... Registration District No..... File No. **9683**
Township..... Primary Registration District No..... Registered No. **9683**
City **St Louis** (No. **Peacocks Hospital**) St. Ward)

2. FULL NAME

(a) Residence, No. **8710 Brownell Ave.** St. **4** Ward. **Kirkwood**
(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 <i>Female</i>		4. COLOR OR RACE <i>White</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Doyle Luna</i>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 29 1906</i>					
7. AGE YEARS <i>26</i>		MONTHS <i>2</i>		DAYS <i>2</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>					
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) <i>Mo 1</i>					
13. NAME <i>Manfred Mills</i>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>					
15. MAIDEN NAME <i>Ella Garman</i>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky 2</i>					
17. INFORMANT <i>Manfred Mills</i> (ADDRESS) <i>8710 Brownell Ave</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Dunstan's, Okla</i> DATE <i>Nov 1st 1937</i>					
19. UNDERTAKER <i>Whehmann Hospital</i> (ADDRESS) <i>1905 Lincoln Blvd</i>					
20. FILED <i>NOV - 1 1937</i> Registrar.					

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 31 1937*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 22 1932* to *Oct. 31 1932*

I last saw him alive on *Oct. 31 1932* Death is said to have occurred on the date stated above, at *2:40 p.m.*

The principal cause of death and related causes of importance were as follows:
Acute gastric ulcers Date of onset *10-29-32*
59
1208 *59*

Other contributory causes of importance:
Diabetes Mellitus July 1931

Name of operation..... Date of.....
What test confirmed diagnosis? *Ugling's* 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.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *W. S. Smith* M. D.
(Address) *Kirkwood, Mo.*

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.

124 E Adams
Highwood
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