

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.

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

Do not use this space.

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1. PLACE OF DEATH
 County Christian Registration District No. 184
 Township Fowler Primary Registration District No. 5255
 City Ozark mo (No. _____) St. _____ Ward _____
 2. FULL NAME Maie Alta Mills
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ollie Mills</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 5 1895</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>7</u>
	DAYS <u>10</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>	
	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) <u>Ozark Mo Iowa</u>		
FATHER	13. NAME <u>Grant Rice</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ozark Mo Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Ora Hallaway</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ozark Mo Iowa</u>	
17. INFORMANT (ADDRESS) <u>Ollie Mills Chadwick Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Silvers</u> DATE <u>Jan 17 1933</u>		
19. UNDERTAKER (ADDRESS) <u>B. C. Kessler Ozark Mo.</u>		
20. FILED <u>Feb 7 1933 Ruth Harrison</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1933
 22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932 to Jan 15 1933
 I last saw her alive on Jan 15 1933 Death is said to have occurred on the date stated above, at 6 P. M.
 The principal cause of death and related causes of importance were as follows:
Sepsis following Abortion
140
36
140
 Other contributory causes of importance:
 Name of operation None 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? Y.
 If so, specify _____
 (Signed) J. H. Hader, M. D.
 (Address) Ozark Mo.

