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

Do not use this space.

30724

1. PLACE OF DEATH
County St Francois — Registration District No. 775 — File No.
Township Perry — Primary Registration District No. 6020 — Registered No. 65
City (No. , St. Ward)

2. FULL NAME Millie House
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10-1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
0	0	0	2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bonneterre
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Harry Lee House
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bonneterre
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Myrtle Edith Lee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bonneterre
(STATE OR COUNTRY) Mo.

14. INFORMANT Harry Lee House
(Address) Bonne Terre. Mo.

15. FILED 9/11, 1933 T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 10 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1933, to Sept. 10, 1933 that I last saw her alive on Sept. 10, 1933, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Prematurely Born
5½ months

159 (duration) 159 yrs. mos. — ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? St Home
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examinations
(Signed) Lee Turley, M. D
9-11, 1933 (Address) Bonneterre

*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: Germany Cemetery
DATE OF BURIAL: 9-11 1933

20. UNDERTAKER: Don Long
ADDRESS: Bonneterre