

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

Do not use this space.

MAY 25-1934

16177

PLACE OF DEATH

County *Cooper* Registration District No. *218*
 Township *Boonville* Primary Registration District No. *3015*
 City *Boonville* (No.) St. Ward)

File No. *60*
 Registered No.

2. FULL NAME *John W. Mills*

(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.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Divorced*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5-1 1934*

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

17. I HEREBY CERTIFY, That I attended deceased from *Apr 20* 19*34* to *May 1* 19*34* that I last saw him alive on *5-1* 19*34* and that death occurred, on the date stated above, at *4:30* p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hypostatic congestion of lungs
92A
111B
 (duration) yrs. mos. *10* ds.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan. 25-19*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 3 5

CONTRIBUTORY (SECONDARY) *Mitral Heart Lesion* (duration) ? yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. *Laborer*
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) *Monitau Co*
 (STATE OR COUNTRY) *Missouri*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF

10. NAME OF FATHER *Chas Mills*

WAS THERE AN AUTOPSY? *No*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Missouri*
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? *Chyemic*

12. MAIDEN NAME OF MOTHER *Robert Shipley*

(Signed) *Lee J. Thrush* M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Missouri*
 (STATE OR COUNTRY)

5-2 19*34* (Address) *Boonville Mo*

*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.

14. INFORMANT *J. W. Mills Jr*
 (Address) *1300 W. 13th St*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Capps Chappell Cem.* DATE OF BURIAL *5-3 1934*

15. FILE *5/2* 1934 *D-PW Bognworth* REGISTRAR

20. UNDERTAKER *C. Albert Hornbeck* ADDRESS *Princeton Mo*

GIVEN in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2057

mo

APR 9 1953

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Cooper
Township
City Boonville (No.)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 60
St. Ward

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

s

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

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

Jan 25-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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)

FATHER MOTHER

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

19

M. B. Bozworth
Registrar

MEDICAL CERTIFICATE OF DEATH

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

May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from

19..... to....., 19.....
I last saw h..... 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:

Date of onset

Other contributory causes of importance:

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).....

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be easily classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5-16177