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.

JAN 14 1935

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

Do not use this space.

42038

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 1001 File No.

Township Primary Registration District No. Registered No. 1373

City St. Joseph, (No. St. Joseph's Hospital, St. Ward)

2. FULL NAME Ruth I. Mills,

(a) Residence, No. St., Ward. White Cloud, Kansas,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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. 9th. 1918

7. AGE: YEARS 16 MONTHS 3 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year) December 1934,

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Homewood, Kansas,

FATHER

13. NAME Peter Mills,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County, Missouri,

MOTHER

15. MAIDEN NAME Bertha Robinson,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport, Missouri,

17. INFORMANT (ADDRESS) Peter Mills White Cloud, Kansas,

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud, Ks DATE Dec. 17, 1934

19. UNDERTAKER (ADDRESS) Heaton, McGale & Bowman 319 So. 10th St. St. Funeral Home

20. FILED 12-15-1934 John R. Borders Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-13-1934, to 12-15-1934.

I last saw him alive on 12-15-1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis - acute - gangrenous with perforation.	12-10-34
Peritonitis - general	12-11-34
121 a	
121 b	

Other contributory causes of importance: 121 b

Name of operation Appendectomy Date of 12-13-34

What test confirmed diagnosis? Was there an autopsy? Yes

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? No

If so, specify

(Signed) Paul Forgrave, M. D.

(Address) St. Joseph, Mo.