MAR 18 1936

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

Do not use this space.

5495

1. PLACE OF DEATH Greene
County ..... Registration District No. 318 File No. 147
Township ..... Primary Registration District No. 2001 Registered No. .....
City Springfield (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Augustus E. Mills

(a) Residence, No. 808 W. Florida 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 Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 - 1871

7. AGE YEARS 64 MONTHS 9 DAYS 20 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Conductor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. on R.R.
10. Date deceased last worked at this occupation (month and year) Feb - 1936
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME John Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Ann —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frances Robinson Springfield. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Yeakley Cemetery DATE Feb 23 1936

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield. Mo.

20. FILED 2-23-1936 Ralph W Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1936, to Feb 21, 1936
I last saw him alive on Feb 21, 1936 Death is said to have occurred on the date stated above, at 3 10 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:
Hypertension

Name of operation none Date of .....
What test confirmed diagnosis? clinical 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? no
If so, specify .....
(Signed) G M Powell, M. D.
(Address) Springfield 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.