9.

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.

100M-3-28-35

MAR 14 1936

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

Do not use this space.

2515

File No. 3

Registered No. 2543

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME John Mills

(a) Residence, No. 212 So 16th St., 25 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

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

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

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

7. AGE: Abt. 43 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.: Teamster

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): Miss

FATHER

13. NAME: Grant Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER

15. MAIDEN NAME: Angeline Lance

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT (ADDRESS): Doshie Mills 212 So. 16th St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Jefferson Barracks 3-9-36, 19

19. UNDERTAKER (ADDRESS): Garner & Love 3103 Washington Ave

20. FILED MAR 7 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 9, 1936

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 11½ m.

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

	Date of onset
Gunshot Wound of Abdomen	
General Peritonitis	
Gunshot Wound of Kidney	

Other contributory causes of importance:

Homicide 173

Name of operation ..... Date of .....

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? Hom Date of injury 3/1, 1936

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Shot by person

Nature of injury Gunshot Wound of Abdomen

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) [signature], ~~M.~~ D.

(Address) Jefferson Barracks

3/5/36