

APR 14 1936

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

Do not use this space.

13526

1. PLACE OF DEATH

County.....St. Louis..... Registration District No. 1123
Township..... Primary Registration District No. 6248B
City Jefferson Barracks (No. Veterans, Administration Facility St. Ward)

File No.
Registered No. 108

2. FULL NAME..... John Edward Mills

(a) Residence, No. 3123 Delmar Ave. St. Ward. St. Louis, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs kn mos. OWN ds. How long in U. S., if of foreign birth? - yrs. - mos. P ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Diora Mills (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
48 8 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A. Project
10. Date deceased last worked at this occupation (month, and year) Jan. 1936 11. Total time (years) spent in this occupation. Unav.

12. BIRTHPLACE (CITY OR TOWN) McKenzie,
(STATE OR COUNTRY) Tennessee

FATHER 13. NAME Jim Mills

14. BIRTHPLACE (CITY OR TOWN) McKenzie,
(STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Hannah Pate

16. BIRTHPLACE (CITY OR TOWN) McKenzie,
(STATE OR COUNTRY) Tennessee

17. INFORMANT M. Schuller Clinical Clerk
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks DATE March 17 1936

19. UNDERTAKER Joe. H. Randle & Son
(ADDRESS) 420 N. Leonard Ave.

20. FILED Mar 17 1936 E. Mowrey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from February 17 1936, to March 12 1936

I last saw him alive on March 12 1936. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Bronchopneumonia, bilateral Date of onset Unkn.

Other contributory causes of importance:

None

Name of operation None Date of -
Physical exam. clinical manifesta-
What test confirmed diagnosis? No Was there an autopsy? No
tions, X-ray & laboratory findings

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) C.W. Hughes C.W. Hughes, M. D.
(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

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.

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MAY 26 1949

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