APR 15 1937

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

Do not use this space.

File No. 10955
Registered No. 35

1. PLACE OF DEATH
County ADAIR
Township NENIVA
City SCALE R R NO 2 (No. R R NO 2 St. Ward)
Registration District No. 2
Primary Registration District No. 5022

2. FULL NAME William Elbert Mills
(a) Residence, No. R R NO 2 STAHL 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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 5th 1853

7. AGE

| Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 84 | 0 | 5 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GRAIN FARMER, RETIRED
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME WM MILLS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

MOTHER
15. MAIDEN NAME RHODA LAWSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN

17. INFORMANT Warner Mills
(ADDRESS) KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE CAIN FORD DATE MAR 12, 1937

19. UNDERTAKER DAVIS & WILSON Woods & Wilson
(ADDRESS) KIRKSVILLE MO

20. FILED Mar. 12, 1937 J. Gashwiler Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11, 1937

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 5 A. m.
found dead
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Infirmity of old age | |

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) C. D. Davis, Coroner, M. D.
(Address) Kirksville, 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD