

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18816
Do not use this space.

REC'D JUN 22 1938

1. PLACE OF DEATH

(a) County Madison Registration District No. 5-28
 (b) Township St. Michael Primary Registration District No. 5-723 Registered No. 48
 (c) City (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hannah Marie Mills

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Chas W. Mills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28, 1853

7. AGE YEARS 84 MONTHS 8 DAYS 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as 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) Franklin Co Missouri

FATHER 13. NAME Patton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis

MOTHER 15. MAIDEN NAME Saint Louis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis

17. INFORMANT (ADDRESS) John C. Sprues Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE May 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ed N. Webb Fredericktown Mo

20. FILED May 5, 1938 S. C. Blanghiet Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 30, 1938, to May - 4, 1938

I last saw her alive on May 1st, 1938. Death is said to have occurred on the date stated above, at 3:00 A.M.

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

Flu
11/2
 Other contributory causes of importance: Acute Dehydration

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 1938

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) M. B. Barber, M. D.
 (Address) Fredericktown Mo

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.

STATEMENT BY LICENSED EMBALMER

I, Ed. H. Webb

Licensed Embalmer No. 731

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed by~~ prepared but not embalmed

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Ed. H. Webb

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)