

LEG'D MAR 15 1939

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

6113
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 121
(b) Township " Primary Registration District No. 3009
(c) City Cape Girardeau (d) Street No. 530 South Pacific St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Mildred E. Mills

(a) Residence, No. 530 South Pacific 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1939, to Feb. 25, 1939.

I last saw her alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 5:15 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 20

Date of onset 2-25-39

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

Other contributory causes of importance:
Chronic Myocarditis
Asthma

12. BIRTHPLACE (CITY OR TOWN) Marble Hill, Mo.
(STATE OR COUNTRY)

Name of operation None Date of —
What test confirmed diagnosis? no Was there an autopsy? no

FATHER 13. NAME Ablosum Kinder

14. BIRTHPLACE (CITY OR TOWN) Cape County, Mo.
(STATE OR COUNTRY)

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.

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Don't Know
(STATE OR COUNTRY)

17. INFORMANT Walter Mills
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmount Cemt. DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (NAME) L. L. Haman
(ADDRESS) Cape Girardeau, Mo.

20. FILED 2-26-39 John Thompson Local Registrar

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Frank W. Hall, M. D.
(Signed) Cape Girardeau, Mo.
(Address)

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.

MAR 4 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L. L. Haman

Licensed Embalmer No.....

2863

P. O. Address.....

Cape Girardeau

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

If this body is not embalmed, above space should be left blank.