

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

3291A
 Do not use this space.

FILED OCT 23 1940

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1. PLACE OF DEATH
 (a) County..... Putnam Registration District No.
 (b) Township..... York Primary Registration District No.
 (c) City..... Powersville, Mo. (d) Street No. 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 George M. Mills,
 (a) Residence, No. Powersville, Mo. Putnam Co., Mo. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Mills,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 15th, 1853</u>				
7. AGE	YEARS <u>86</u>	MONTHS <u>10</u>	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at home</u>			
	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) <u>Pittsburg, Penn. </u>				
FATHER	13. NAME <u>John Mills,</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belfast, Ireland. </u>			
MOTHER	15. MAIDEN NAME <u>Sarah Macanally,</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Edd Osborne, Powersville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Powersville</u> DATE <u>Sept. 1, 1940</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Beary-Statton Co., Powersville, Mo.</u>				
20. FILED <u>Sept. 12, 1940 Mrs. D.W. Pollock</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>August 31, 1940</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Aug. 31, 1940</u> , to <u>Aug 31, 1940</u> I last saw him alive on <u>Aug 31, 1940</u> . Death is said to have occurred on the date stated above, at <u>9:30 a.m.</u> The principal cause of death and related causes of importance were as follows: <u>Cerebral hemorrhage</u> Date of onset <u>8-31</u>	
Other contributory causes of importance: <u>None</u>	
Name of operation	Date of
What test confirmed diagnosis? <u>Reflex</u>	Was there an autopsy? <u>No</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?	
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? <u>No</u> If so, specify	
(Signed) <u>L. W. McDonald</u> M.D. (Address) <u>Powersville, Mo.</u>	

K. 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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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-40-1856

Date Filed OCT 8 1940

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.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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