

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

7395  
Do not use this space.

REC'D MAR 11 1943

PLACE OF DEATH  
(a) County Ray Registration District No. 296  
(b) Township ORRICK Primary Registration District No. 4443  
(c) City ORRICK (d) Street No. ELM Registered No. S  
(e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME PHERRIBA ANN MILLS  
(a) Residence, No. 1 ELM ST ORRICK, MO St.  (If nonresident, give city or town and State) U

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(WIFE OF) SAMUEL MILLS  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 19 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 6 2

**OCCUPATION**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE  
9. Industry or business in which work was done, as saw mill, bank, etc. HOME  
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) RAY COUNTY MISSOURI

13. NAME JOHN FRANKS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY COUNTY MISSOURI

15. MAIDEN NAME POLLY ANN ABLEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RAY COUNTY MISSOURI

17. INFORMANT MRS MILD TRONE  
(ADDRESS) ORRICK MO

18. BURIAL, CREMATION, OR REMOVAL  
PLACE UNION CEMETERY DATE FEB 23, 1943

19. FUNERAL DIRECTOR C. V. GIBSON  
(ADDRESS) ORRICK, MO.

20. FILED 2/23/43, 19 Dr. G. T. Sermons  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 21, 1943

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1942, to FEB 21, 1943  
I last saw her alive on FEB 21, 1943 Death is said to have occurred on the date stated above, at 7 P.M.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis  
Chronic Myocarditis  
Date of onset Unknown

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) Virgil E. Drake, M. D.  
(Address) ORRICK, MO. FEB 23, 1943

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X12004

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-10-43

STATEMENT BY LICENSED EMBALMER

I, Edward J. Gibson, Licensed Embalmer No. 4137

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Edward J. Gibson

Licensed Embalmer No. 4137

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.)

Samary Missm