

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

Do not use this space.

1. PLACE OF DEATH

County Bollinger Registration District No. 68-
Township Crowded Creek Primary Registration District No. 6103
City (No. _____) St. _____ Ward _____

File No. 7789
Registered No. _____

2. FULL NAME

Jessie David Mills
(a) Residence, No. _____ 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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. D. Mills
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19-1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72- 9 7
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. ✓
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) PATTON, MO

13. NAME Thomas Benton Mills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) about 7 miles S. Adams Stoddard Co

15. MAIDEN NAME Rebecca Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Valley Bollinger Co

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE PATTON, MO DATE 3/29

19. UNDERTAKER (ADDRESS) Amman & Co. Macoupin Co

20. FILED 5/1 1934 Bertha Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 28, 1934
22. I HEREBY CERTIFY That I attended deceased from Mar 17, 1934 to Mar 28, 1934
I last saw him alive on Mar 17, 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Date of onset _____
Other contributory causes of importance: 131

Name of operation _____ Date of _____
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? No.
If so, specify _____
(Signed) W. D. Keuple, M. D.
(Address) Patton, 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.

JUN 20 1934

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