

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

Do not use this space.

20382
~~20481~~

1. PLACE OF DEATH

County Rass
Township Snake Grove
City Brunswick (No. _____)

Registration District No. 914
Primary Registration District No. 6235

File No. _____
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(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 1 yrs. 4 mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 12, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 7 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Anthony Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Henry Mills

(Address) Brunswick, Mo.

15. FILED June 27 1930 H. E. Gant

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 20, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 30 1928, to June 19 1930
that I last saw him alive on June 19 1930, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
121
92.8 (duration) _____ yrs. 5 mos. _____ ds.
CONTRIBUTORY Chronic Interstitial Nephritis
(SECONDARY) (duration) 1 yrs. 5 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED To my knowledge

IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) B. E. Wallace M. D.

June 20 1930 (Address) Brunswick, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Brick Union Cem. 6/22 1930

20. UNDERTAKER ADDRESS Mo.

B. F. Mead Brunswick

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.

JUL 25 1930

Edward Mills

C. B. Smith & Co.

0.0 - 7
0.8 - 4

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