

OCT 31 1930

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

Do not use this space.

30870

1. PLACE OF DEATH

County Ray Co.
Township Ornick
City New Ornick (No.)

Registration District No. 743
Primary Registration District No. 5978

File No.
Registered No. 24
St. Ward)

2. FULL NAME

Henry Mills

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

Lucinda Mills

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

6-11-1836

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

94

3

10

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)

Kentucky

10. NAME OF FATHER

John Mills

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

12. MAIDEN NAME OF MOTHER

Lucy Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

North Carolina

14.

INFORMANT

(Address)

Sallie O'Neil

Ornick Mo

15.

FILED

9/25/30 L. E. Ellis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 21st 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 10th 1930 to Sept 21st 1930 that I last saw him alive on Sept 21st 1930 and that death occurred, on the date stated above, at 10 o'clock P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Organic Heart Disease
95/100
116 C (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Acute Indigestion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Robt. Sheeh M. D.

9-25-1930 (Address) Ornick 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

Ruffo Cemetery

9/23 1930

20. UNDERTAKER

W. Gibson

ADDRESS

Ornick Mo

