

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

7395

Do not use this space.

MAR 11 1943

## PLACE OF DEATH

(a) County RAYRegistration District No. 296(b) Township ORRICKPrimary Registration District No. 4448(c) City ORRICK(d) Street No. ELMRegistered No. 8

(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. ☐

(Usual place of abode, if no street address, write county or city)

(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

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

79

MONTHS

6

DAYS

2

If LESS than 1

day, ..... hrs.

or ..... min.

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

FATHER

13. NAME

JOHN FRANKS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

RAY COUNTY  
MISSOURI

MOTHER

15. MAIDEN NAME

POLLY ANN ABLEN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

RAY COUNTY  
MISSOURI

17. INFORMANT (ADDRESS)

MRS MILD TRONE  
ORRICK MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

UNION CEMETERY DATE FEB 23 1943

19. FUNERAL DIRECTOR (ADDRESS)

C. V. GIBSON  
ORRICK, MO.

20. FILED

2/23/43

19

Dr. G. T. Simmons

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 21 194322. I HEREBY CERTIFY, That I attended deceased from Dec 17 1942, to FEB 21 1943I last saw her alive on FEB 21 1943 Death is saidto 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

Date of onset

Unknown

Other contributory causes of importance:

Chronic NephritisUnknown

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

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 21, 1943

RECEIVED

District Health Officer No. 8,

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

Date Filed 3-10-43

STATEMENT BY LICENSED EMBALMER

I, Edward J. Libon, 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. Libon  
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