

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

Do not use this space.

10261

1. PLACE OF DEATH

County Ray Co
Township Ornick
City Ornick (No.)

Registration District No. 7243
Primary Registration District No. 3978

File No.
Registered No. 18
St. Ward

2. FULL NAME

Samuel Mills

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (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)

Single

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

Single

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

June 18 - 1904

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>18</u>	<u>9</u>	<u>13</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer boy

(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)

Ray Co Mo

10. NAME OF FATHER

John Mills

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

Kentucky

12. MAIDEN NAME OF MOTHER

Comfort Hale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

14.

INFORMANT
(Address)

Vina Mills
Ornick Mo

15.

FILED

Aug 1 - 24 L E Ellis

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3/31 1928

17.

I HEREBY CERTIFY, That I attended deceased from November 1927, to March 31, 1928 that I last saw him alive on March 31, 1928 and that death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subdiaphragmatic
1864 abscess
1905 (duration) yrs. 4 mos. 4 ds.
1894 CONTRIBUTORY Fall on back 5
(SECONDARY) months previous (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. R. Williams, M. D.
, 19 (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

Union Cemetery

DATE OF BURIAL

4/2 1928

20. UNDERTAKER

C. J. Gibson

ADDRESS

Ornick Mo

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

