

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.

APR 28 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5808

1. PLACE OF DEATH

89 County Ray Co. Registration District No. 743
 Township Orwich Primary Registration District No. 5978
 City near Orwich (No.) St. Ward

2. FULL NAME Samuel 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 Pherriba Mills
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/6/1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 13
 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) Kentucky (STATE OR COUNTRY) 2

13. NAME Anthony Mills

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

15. MAIDEN NAME Calvina Wolcum

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

17. INFORMANT Pherriba A. Mills (ADDRESS) Orwich Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE 2/15 1932

19. UNDERTAKER C. V. Gibson (ADDRESS) Orwich Mo

20. FILED Mar 11 1932 L. E. Ellis

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/14 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec-5- 1932 to 2-14- 1932
 I last saw him alive on 2-6- 1932 Death is said to have occurred on the date stated above, at 10:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Organic Heart Disease 1931
Cardio-Renal Disease
 Other contributory causes of importance: 24 hours
Arterio-Sclerosis with
Hypertension
 Name of operation Date of
 What test confirmed diagnosis? Chemical Was there an autopsy? No

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 ✓ ①
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Post. Smith M. D.
 (Address) Orwich Mo

