

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

Do not use this space.

1. PLACE OF DEATH

68 County Moniteau Registration District No. 576
Township Harrison Primary Registration District No. 5773
City..... (No....., St. Ward)

17216
File No.
Registered No. 3

2. FULL NAME Rollie Thomas Mills

(a) Residence, No. California Ho Star Route, 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 Margaret Mills (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29th, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 10 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Virgil City (STATE OR COUNTRY) Missouri

13. NAME John Mills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Emma Hammond
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Clarence Mills (ADDRESS) Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point, N.W.A. DATE June 1st, 1933

19. UNDERTAKER G.N. Steffens (ADDRESS) Russellville, Mo.

20. FILED 6-10-1933 Wm. B. Fink Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30th, 1933
22. I HEREBY CERTIFY, That I attended deceased from 2-10-1933 to 5-30-1933
I last saw him alive on 5-29-1933 Death is said to have occurred on the date stated above, at 6:55 A.M.

The principal cause of death and related causes of importance were as follows:
Relapse from Influenza Date of onset 2-10-33
11A
10015
11B
Other contributory causes of importance:
Bronchitis following 4-14-33

Name of operation None Date of
What test confirmed diagnosis? Physic 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 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
Nature of injury

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

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. JUN 23 1933

