

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

PLACE OF DEATH

County Christian

Township South Gallaway

Village

City

Registration District No. 184

File No. 22364

Primary Registration District No. 6270

Registered No. 82

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Marnel Mills

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married  
WIDOWED OR DIVORCED  
(# write the word)

DATE OF BIRTH December 9<sup>th</sup> 1885  
(Month) (Day) (Year)

AGE 79 yrs. 5 mos. 8 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmers

BIRTHPLACE (City or town, State or foreign country) + State Tenn.

NAME OF FATHER + Joseph Mills

BIRTHPLACE OF FATHER (City or town, State or foreign country) State Tenn.

MAIDEN NAME OF MOTHER Mary Cloud

BIRTHPLACE OF MOTHER (City or town, State or foreign country) + Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Martin

(ADDRESS) Shokane Mo.

Filed July 1, 1913 J. W. Bruton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 16, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 5 April 5<sup>th</sup>, 1913, to 5, 1913, that I last saw him alive on April 5<sup>th</sup>, 1913, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH\* was as follows:  
Paralysis

87 D  
07 (Duration) 3 yrs. 3 mos. x ds.

Contributory Arterio-sclerosis  
(SECONDARY) (Duration) 3 yrs. 3 mos. 3 ds.

(Signed) J. H. Hade M. D.  
May 17, 1913 (Address) Peace de Leon

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death 10 yrs. 1 mos. 1 ds. In the 3 yrs. 3 mos. 3 ds. State

Where was disease contracted If not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL Martin Cemetery DATE OF BURIAL May 18, 1913

UNDERTAKER Kentling & Kentling ADDRESS Highlandville

