

26 1929

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

Do not use this space.

7403

1. PLACE OF DEATH

County Newton
Township Five Mile
City (No.)

Registration District No. 629 611
Primary Registration District No. 6268

File No. 23
Registered No.
St. Ward

2. FULL NAME SUSAN E. Millis

(a) Residence No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 2 mos. da.
(If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Not Positive

7. AGE YEARS About 79 MONTHS DAYS II LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife (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) Dade County Missouri

10. NAME OF FATHER Washington Alden

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

12. MAIDEN NAME OF MOTHER Don't know

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

PARENTS

14. INFORMANT John Millis (Address) Joplin Mo

15. FILED 4/20 1929 El. mannes REGISTRAR

W MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9 1929

I HEREBY CERTIFY That I attended deceased from Jan 15 1929 to Feb 2 1929 that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 4:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart disease
Chronic nephritis
(duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

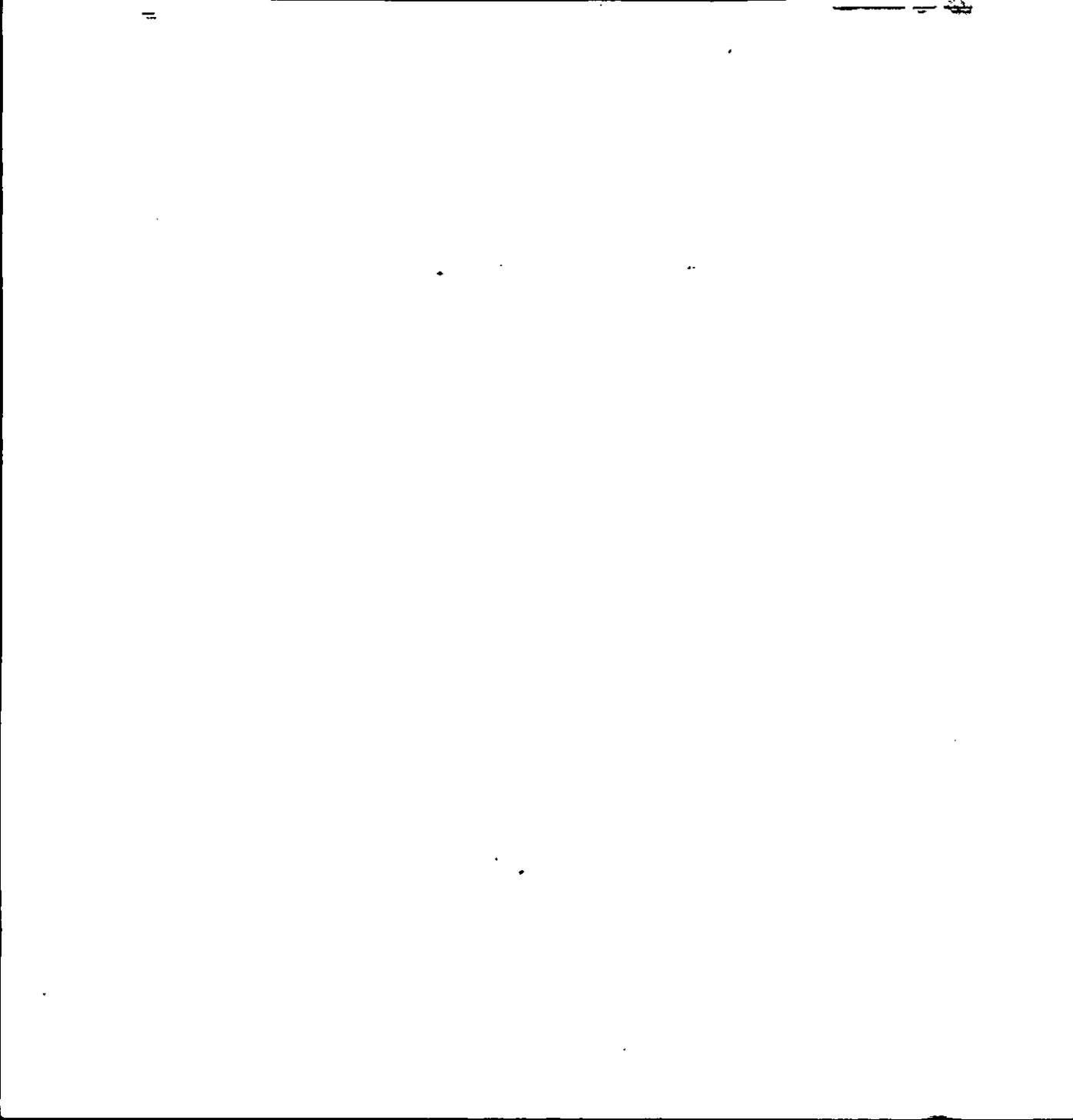
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. R. Clark M. D.

2-11 1929 (Address) Joplin 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 Cook Cemetery DATE OF BURIAL 2-9 1929

20. UNDERTAKER Reynolds ADDRESS Neosho



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Newton Registration District No. 611 File No. _____
 Township Five mile Primary Registration District No. 6268 Registered No. 23
 City _____ (No. _____) St. _____ (Ward _____)

2. FULL NAME Susan E. Willis

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not positive

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 79

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Dade County
 (STATE OR COUNTRY) mo

10. NAME OF FATHER Washington Elden

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT John Willis
 (Address) Joplin mo

15. FILED 5/16 1929 C. Morris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-9-1929

17. I HEREBY CERTIFY That I attended deceased from Jan 13 to Feb 2, 1929 that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Valvular Heart disease

_____ (duration) _____ yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Chronic Nephritis
 _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A Benson Clark M. D.
2-11-1929 (Address) Joplin 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 Cook Cemetery DATE OF BURIAL 2/9 1929

20. UNDERTAKER Bigshaw ADDRESS Neosho

PARENTS

SUPPLEMENTARY

S-7403