

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

Do not use this space.

17777

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. Lutheran Hospital)

File No. 4873.

Registered No. 4873.

St.

Ward)

2. FULL NAME.

Dorothy Elizabeth Mills

(a) Residence. No. 3500 Mianis St.

St. 16

Ward.

(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

Female

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

Zeroy Mills

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

June 14-1894

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

35

11

2

8. OCCUPATION OF DECEASED

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

at home

(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)

Missouri

PARENTS

10. NAME OF FATHER

Albert Dietz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

Zeroy Mills

(Address)

3500 Mianis St.

15.

FILED

May 19 1930

W. C. Starkey

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

May 16

1930

17.

I HEREBY CERTIFY, That I attended deceased from

May 10, 1930, to May 16, 1930.

that I last saw her alive on May 16, 1930, and that death occurred, on the date stated above, at 130 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforating Ulcer of Stomach

117A

129

(duration)yrs.mos.ds.

CONTRIBUTORY (SECONDARY)

General peritonitis

(duration)yrs.mos.ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

Don't know

DID AN OPERATION PRECEDE DEATH? Yes

DATE OF May 16 30

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Operation

(Signed)

F. S. Bernard, M. D.

5/18 1930 (Address) 3115 S Grand

*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

DATE OF BURIAL

Missouri Crematory

5-19-1930

20. UNDERTAKER

ADDRESS 6320

Southern

8 Grand Ave

N. B.—Every item of information should be carefully supplied. No name to be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

