

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

Do not use this space.

**AUG 12 1939**

**1. PLACE OF DEATH**

County Dunklin  
 Township St. Buffalo  
 City (No. ....) .....

Registration District No. 283  
 Primary Registration District No. 5402

File No. 25524  
 Registered No. .... St. .... Ward)

**2. FULL NAME** Bills Eugene Mill

(a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Boy **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) .....

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

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

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 0 0 8

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** .....

**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) (STATE OR COUNTRY)** 0

**FATHER**

**13. NAME** Herbert Eugene Mill 0

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Buffalo Jr 0

**MOTHER**

**15. MAIDEN NAME** Dorthea Wainwright

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Dunklin County Mo

**17. INFORMANT** J M Mill  
 (ADDRESS) Ashton R

**18. BURIAL, CREMATION OR REMOVAL**  
 PLACE M - Green DATE 7/21 39

**19. UNDERTAKER** Howard and Co.  
 (ADDRESS) Camden Mo.

**20. FILED** 8-1 1939 W. Newson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 19

**22. I HEREBY CERTIFY**, That I attended deceased from 19 7/20 1939  
 I last saw h. Still Born alive on 7/20 1939 Death is said to have occurred on the date stated above, at 7 P m.  
 The principal cause of death and related causes of importance were as follows:

Still Born Date of onset

Other contributory causes of importance: none

Name of operation Bills Eugene Date of 7/20  
 What test confirmed diagnosis? .....

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? .....

Where did injury occur? .....

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?** .....

If so, specify J W White M. D.  
 (Signed) J W White M. D.  
257 (Address) Ashton R

Exact statement of OCCUPATION is very important

RECEIVED

District Health Officer, No. 3,

District File Number 839-48

Date Filed 8/9/39

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25524  
Do not use this space.

1. PLACE OF DEATH  
(a) County Dunklin Registration District No. 283  
(b) Township Buffalo Primary Registration District No. 5402  
(c) City..... (d) Street No..... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Billie Eugene Neill  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Boy 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-20-39  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn - - -  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
17. INFORMANT (ADDRESS)  
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...  
19. FUNERAL DIRECTOR (ADDRESS)  
20. FILED 8-1 1939 Olson Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20 1939  
22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset  
Other contributory causes of importance:  
Name of operation Date of...  
What test confirmed diagnosis? 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?  
If so, specify... (Signed) J. N. White M. D.  
(Address) Arbyrd mo

SUPPLEMENTARY

REGISTRARS SHALL NOT REEVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-25524 1939