

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

Do not use this space.

9442

**PLACE OF DEATH**

County Barry  
Township Flat Grove  
City Barry (No. \_\_\_\_\_) (Ward \_\_\_\_\_)

Registration District No. 29  
Primary Registration District No. 5038

File No. \_\_\_\_\_  
Registered No. 9442 (St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME David Henry Mills  
(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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10<sup>th</sup> 1929

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

17. I HEREBY CERTIFY That I attended deceased from Feb. 26<sup>th</sup> 1929 to March 10<sup>th</sup> 1929 that I last saw him alive on March 9<sup>th</sup> 1929, and that death occurred, on the date stated above, at 8:25 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-5-1856  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
72 5 5

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Uremic Poisoning from Prostatitis & Paralysis  
General Paralysis  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

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

CONTRIBUTORY (SECONDARY) Old age  
(duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Barney  
(STATE OR COUNTRY) Illinois

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

10. NAME OF FATHER Squire J. Mills

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

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

19. WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) D. S. Mitchell, M. D.  
, 19 (Address) Cassville Mo.

12. MAIDEN NAME OF MOTHER Dant Knowlton  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barney  
(STATE OR COUNTRY) Illinois

\*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.

14. INFORMANT Nava Mills  
(Address) Cassville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Homer Cemetery DATE OF BURIAL March 11<sup>th</sup> 1929

15. FILED April 29 Mrs. H. R. Williams  
REGISTRAR  
Pho

20. UNDERTAKER Bradford ADDRESS Cassville Mo.

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

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1954  
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1956  
1957

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Laver Registration District No. 29 File No. 9442  
 Township Great Cheek Primary Registration District No. 5038 Registered No. 13  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

David Henry Mitts  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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. OCCUPATION OF DECEASED**

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED May 19 2011 Mrs. H. R. Williams REGISTRAR  
D. pt.

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1929

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Uremic Poisoning from  
Prostatic & Paralytic  
General Paralysis

CONTRIBUTORY (SECONDARY)

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) D. L. Moore, M. D.  
 , 19 (Address) Cassville 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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

SHALL NOT BE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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S-9442