

63449

PLACE OF DEATH.

County of Williams  
Township of.....  
or  
Village of Edgerton  
or  
City of..... (No. .... St., .... Ward)

Registration District No. 1379 File No. ....  
Primary Registration District No. 2468 Registered No. 18

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

FULL NAME Richard M. Mills

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Widower</u> (Write the word)
6 DATE OF BIRTH <u>Mar 27</u> , 18 <u>34</u> (Month) (Day) (Year)		
7 AGE <u>81</u> yrs. <u>7</u> mos. <u>4</u> ds.		If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>New York State</u>		
PARENTS	10 NAME OF FATHER <u>Richard Minor Mills</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>New York State</u>	
	12 MAIDEN NAME OF MOTHER <u>Martha Wood</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>New York State</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
November 1, 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1915, to Nov. 1, 1915, that I last saw him alive on Oct 31, 1915, and that death occurred, on the date stated above, at 12 m.  
The CAUSE OF DEATH\* was as follows:  
Mitral Insufficiency

Contributory Age, Dropsy  
(SECONDARY) (Duration) 5 yrs. 6 mos. ... ds.  
(Signed) G. B. Bush M. D.  
Nov. 2, 1915 (Address) Edgerton O.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.  
Where was disease contracted, If not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL  
Edgerton Ohio DATE OF BURIAL  
Nov. 2nd 1915

20 UNDERTAKER  
Edgerton Hill Edgerton O. ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mammie Hultz  
(Address) Edgerton Ohio

15 Filed Nov 2, 1915 E. M. Gabriel  
Registrar

statement of OCCUPATION is very important. See instructions on back of certificate.