

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

Do not use this space.

14315

JUN 24 1927

-9-

1. PLACE OF DEATH

County Bartles Registration District No. 89 File No. _____
 Township Poplar Bluff Primary Registration District No. 3007 Registered No. 96
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

Cona Hill
 (a) Residence. No. rooming house at bridge R.R. 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 female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 28 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 | 8 | 11 | _____

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work chambermaid
 (b) General nature of industry, business, or establishment in which employed (or employer) Melbourne Hotel
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER Jasper Williams

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Rosie Murphy
 (Address) Res. Del. Poplar Bluff, Mo.

15. FILED 5/24 19. 27 W. S. Bailey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1927

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 315 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Killed by Lomada
1890
 (duration) _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 202
 (duration) _____ yrs. _____ mos. _____ ds.

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

18 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? W. S. Bailey
5-24-27 (Signed)
Justice of the Peace (Address) Poplar Bluff, 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
City Cemetery May 14 1927

20. UNDERTAKER ADDRESS
A. W. Green, Poplar Bluff, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 11 1957