

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

Do not use this space.

15903

PLACE OF DEATH

County Dennis Registration District No. 661
 Township..... Primary Registration District No. 4388
 City Cantharville (No.) St. Ward)

File No.
 Registered No. 57

2. FULL NAME Martha Hill
 (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 Female 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Hill
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 24 - - -

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927
 17. I HEREBY CERTIFY, That I attended deceased from 2-14, 1927, to 5-17, 1927, and that I last saw him alive on 5-17, 1927, and that death occurred, on the date stated above, at m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

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

Stomach Poisoning
 (duration) yrs. mos. ds. 175
 CONTRIBUTORY (SECONDARY) gating
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Barrington
 (STATE OR COUNTRY) Tennessee

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

10. NAME OF FATHER June Dice
 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Tennessee
 12. MAIDEN NAME OF MOTHER Benda Thomas
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) Tennessee

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Thomas Hallen, M. D.
May 18 1927 (Address) Durshanks
 *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 James Hill
 (Address).....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason Cemetery DATE OF BURIAL May 18 1927
 20. UNDERTAKER Wm. Hardrick ADDRESS Cantharville

15. FILED May 18 1927 Ada Martin
 REGISTRAR

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.

