

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

8985

1. PLACE OF DEATH

County... Jackson Registration District No. 399 File No. 150  
Township... Ram Precinct Registration District No. 1007 Registered No. 150  
City... Keokuk, Mo. (No. Whalley) Hospital... Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME

Jeanette Hill  
(a) Residence... 3940 Holmes St. 6 Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12 1859  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 13  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work... Housewife  
(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) Tex

10. NAME OF FATHER Sam Morland  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) N.C.  
12. MAIDEN NAME OF MOTHER Jackson  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Unknown

14. INFORMANT Ethel Moore (Address) 914 E. Commercial

15. FILED 3/15-28 M.M. Cannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 14 1928  
17. I HEREBY CERTIFY That I attended deceased from March 1, 1928 to March 14, 1928 that I last saw her alive on March 14, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Erythrocytosis Chronic  
92A  
118 La Grippe (duration) yrs. 1 mos. 1 da.  
CONTRIBUTORY (SECONDARY) La Grippe (duration) yrs. 1 1/2 mos. 1 da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? 3942 Holmes St.  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Ex & Lab Ex.  
(Signed) A.H. Cruise M.D.  
3-15-28 (Address) 1518 E. 18th St

\*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 Highland Cemetery DATE OF BURIAL 3/16 1928  
20. UNDERTAKER West Coppleton ADDRESS 1600 E. 19th

