

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

12720

1. PLACE OF DEATH
 County Copier Registration District No. 218
 Township _____ Primary Registration District No. 3015
 City Boonville (No. _____) St. _____ Ward _____
 File No. _____
 Registered No. 32

2. FULL NAME Mrs. Emma Hill
 (a) Residence. No. Boonville MO 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 Female
 4. COLOR OR RACE Black
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26-1887
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 | | | 26 | | |
 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) Copier County Mo
 10. NAME OF FATHER Walter Orsborn
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

PARENTS

14. INFORMANT Clarence Hill
 (Address) Boonville mo
 15. FILED Apr 28 1928 H. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928
 17. I HEREBY CERTIFY, That I attended deceased from April 15 1928, to April 21 1928, that I last saw him alive on April 21 1928, and that death occurred, on the date stated above, at 8 A m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial pneumonia
11 A
107 E
 (duration) yrs. mos. 4 ds.
 CONTRIBUTORY (SECONDARY) Dyspnea
 (duration) yrs. mos. 6 ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) R. Houshke, M. D.
4/23 1928 (Address) 130 onville 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 City Cemetery DATE OF BURIAL April 23 1928
 20. UNDERTAKER Woodman & Collier ADDRESS Boonville mo

