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

Do not use this space.

29854

1. PLACE OF DEATH
County Butler
Township Poplar Bluff
City Poplar Bluff (No. 1112 Fairmont St. Ward)
Registration District No. 89
Primary Registration District No. 3017
File No.
Registered No. 196

2. FULL NAME Hannah Levina Hilton
(a) Residence. No. Poplar Bluff, 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Benton Hilton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1848

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	1	10	

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) Cape Girardeau Co
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Adam Niswonger
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania
12. MAIDEN NAME OF MOTHER — Whitacre
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Tom B. Hilton
(Address) Poplar Bluff, Mo.

15. FILED 9/7 1928 Dr B J Clue REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1928, to Sept 6, 1928 that I last saw her alive on Sept 6, 1928, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery
13C
162
16C
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J N Barnett, M.D.
Sept 7, 1928 (Address) Poplar Bluff

*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: Woodlawn
DATE OF BURIAL: Sept 8 1928 3:P.M.
20. UNDERTAKER: A. W. Greer, Poplar Bluff, Mo.
ADDRESS

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.