FEB 27 1929

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

Do not use this space.

545

17
3
4

1. PLACE OF DEATH

County Carroll — Registration District No. 135 — File No.

Township ~~Carrollton~~ — Primary Registration District No. 3010 — Registered No. 1

City Carrollton (No. ..... St. ..... Ward)

2. FULL NAME Alice H. 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-20-1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	38	4	16	

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) Jefferson
(STATE OR COUNTRY) Oregon

PARENTS

10. NAME OF FATHER Jas. A. Hudelson

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

12. MAIDEN NAME OF MOTHER Minnie Allen

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

14. INFORMANT Fred J. Hill
(Address) Carrollton Mo

15. FILED 1-6, 1929 Mrs E E Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6th 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 16th, 1928, to Jan. 6th, 1929, that I last saw her alive on Jan. 6th, 1929, and that death occurred, on the date stated above, at 7:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)

104

1010

(duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Charles S. Austin, M. D

Jan 6th, 1929 (Address) Carrollton 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 Butler Mo.

DATE OF ~~BURIAL~~ shipment 1-7 1929

20. UNDERTAKER Standley

ADDRESS Carrollton

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.