MAR 23 1929

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.

7179

1. PLACE OF DEATH

County McDonald — Registration District No. 963 — File No. 53

Township Elk River — Primary Registration District No. 5692 — Registered No. 4

City 5 mi E. Southwest City (No. ..... St. ..... Ward)

2. FULL NAME Pansy Vivian Hill

(a) Residence. No. Sulphur Springs Ark Route #2 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 8 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)
Female	White	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorsed wife of B. R. Hill.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1896. Mar. 18

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	32	9		

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

235

9. BIRTHPLACE (CITY OR TOWN) Ida, La.
(STATE OR COUNTRY)

2

PARENTS

10. NAME OF FATHER D. W. Proctor

2

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Talbutt, Co
(STATE OR COUNTRY) Gergia

12. MAIDEN NAME OF MOTHER Emily J. Fergeson

2

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

14. INFORMANT Albert E. Winkler
(Address) Noel, Mo.

15. FILED 2-22 1929 J. L. Minton M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 18th 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Not Known

205B

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

CONTRIBUTORY (SECONDARY)

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Dr Thompson, M. D

, 19 (Address) Gravette Ark

*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	DATE OF BURIAL
Lee Cemetry Arkansas	2/19th/29

20. UNDERTAKER	ADDRESS
Nichols Brothers Southwest City Mo	