

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

Do not use this space.

10462

46
MAY 25 1929

1. PLACE OF DEATH
County Howell Registration District No. 385
Township Willow Springs. Mo. Primary Registration District No. 4228
City Willow Springs. Mo. (No.) St. Ward)

File No.
Registered No. 24
St. Ward)

2. FULL NAME Mayme Marie 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

1 MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mr William S. Hill
(OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from 3-1-29 to 3-29 1929
that I last saw him alive on Mar. 1929 and that death occurred, on the date stated above, at 12 midnight

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 - 1909
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 1 11

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever

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

CONTRIBUTORY (SECONDARY) HA
(duration) yrs. 1 mos. 10 ds.

9. BIRTHPLACE (CITY OR TOWN) Howell County
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED At place of death
IF NOT AT PLACE OF DEATH

PARENTS
10. NAME OF FATHER A. L. Nolte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Howell County. Mo.
12. MAIDEN NAME OF MOTHER Della Songer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Howell County. Mo.

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Physical findings
WHAT TESTS CONFIRMED DIAGNOSIS? C&S
(Signed) J. B. Ferguson M. D.
730, 1929 (Address) Willow Springs, Mo.

14. INFORMANT A. L. Nolte - A. L. Nolte
(Address) Near Dripping Springs. Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dripping Springs. DATE OF BURIAL 3/31/ 1929

15. FILED 4/1 1929 J. B. Ferguson REGISTRAR

20. UNDERTAKER R. Burns ADDRESS Willow Spgs Mo.

A. B.—Every item of information should be carefully supplied. XXX amount to state. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

235

