

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

Do not use this space.

31678

~~28676~~

File No. _____
Registered No. 16

1. PLACE OF DEATH

County Ray
Township Franklinville
City Ray (No. _____) St. _____ Ward _____

Registration District No. 915
Primary Registration District No. 6236

2. FULL NAME

Eliza Francis Hill

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S.M. Hill</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 15-1867</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>5</u>
	DAY <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 15 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10 1929, to Aug 15 1929, that I last saw him alive on July 15 1929, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Bowel and
Bladder organs. Hemorrhage
through Nagfua
(duration) yrs. 4 mos. ds.
CONTRIBUTORY Carcinoma
(SECONDARY) (duration) yrs. 4 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
at home
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF about May 1929
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Cancer of Bowel & Bladder
(Signed) C.A. Good death, M. D.
Aug 16, 1929 (Address) Franklinville 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.

9. BIRTHPLACE (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

10. NAME OF FATHER Louis Lafon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Sarah Reams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Ray Crowley
(Address) Rayville

15. FILED Sept 29 1929 Mrs. G.W. Gaines
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Salem

DATE OF BURIAL
Aug 17 1929

20. UNDERTAKER
Herbert Hope

ADDRESS
Franklinville
Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

99
OCT 24 1929
K. 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.

