NOV 26 1929

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

Do not use this space.

34322

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township Brookfield — Primary Registration District No. 3025 — Registered No. 88

City Brookfield (No. ..... St. ..... Ward)

2. FULL NAME Hilla Carter Overjohn

(a) Residence. No. 402 East Wood St., 1st Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female ~~Woman~~

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 Henry C. Overjohn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 31 ~~1929~~ 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
65	1	27	

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

9. BIRTHPLACE (CITY OR TOWN) Brookfield (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Elisha L. Carter

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

12. MAIDEN NAME OF MOTHER Melvina Garner

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

14. INFORMANT Henry C. Overjohn (Address) 402 E. Wood

15. FILED 10-30 1929 Bessie M. Fox Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 27 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1929, to Oct - 27 - 1929, that I last saw her alive on Oct - 27 - 1929, and that death occurred, on the date stated above, at 9 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131

938

Acute Myocarditis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Breghes - Disease

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. Mc Huggs, M. D

, 19 (Address) Brookfield 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 Rose Hill Cemetery — DATE OF BURIAL 10-30 1929

20. UNDERTAKER Homer L. Bowden — ADDRESS Brookfield

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.