

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.

MAY 25 1931

Dr. Bandy

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

Do not use this space.

14554

1. PLACE OF DEATH

County *Jasper* Registration District No. *108*
Township *Mapon* Primary Registration District No. *3020*
City *Carthage* (No. *418*) *Cleveland* St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Mary Emily Hill
(a) Residence, No. *418 Cleveland* St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Peter Hill*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 22, 1849*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
83 5 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *255*

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Williamington, Ohio*

13. NAME *William J. Morgan*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York City, New York*

15. MAIDEN NAME *Jane Morgan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jane Station, New York*

17. INFORMANT (ADDRESS) *George S. Jacobs, Carthage, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Carthage, Ky.* DATE *April 24, 1931*

19. UNDERTAKER (ADDRESS) *Kyle Mortuary, Carthage, Mo.*

20. FILED *4/23* 1931 *E. N. Chapman* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 23, 1931*

22. I HEREBY CERTIFY That I attended deceased from *March 12* 19*31* to *April 21* 19*31*

I last saw h. *alive* on *April 21* 19*31*. Death is said to have occurred on the date stated above, at *4:30* p. m.

The principal cause of death and related causes of importance were as follows:

not clear
probable cause
of the reflex
460
4610

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19*31*

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *E. Bandy* M. D.
(Address) *Carthage Mo*

